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JAN 19 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD



January 11, 2010

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Financial and Professional Regulation
Division of Insurance
320 West Washington Street
Springfield, Illinois 62767

FILED

FEB 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

RE: Chicago Insurance Company – NAIC #: 0761-22810 – FEIN # 36-6042949
RATE/RULE Occupational Therapists Rate Filing
Allied Health Purchasing Group Association
Company Filing Number: NILMM0309
Effective Date: February 1, 2010

Dear Sir or Madam:

For your review and approval, we are enclosing a rate page for our Occupational Therapists Professional Liability program. This coverage is provided to the Risk Purchasing Group, Allied Health Purchasing Group Association.

Please refer to the Actuarial Memorandum and supporting exhibits for further details.

This is a rate filing.

Enclosed in support of this filing are the following items:

1. Occupational Therapists Actuarial Memorandum
2. Rate page
3. State filing forms/checklists if any.

Your approval of this filing, which has a proposed effective date of February 1, 2010, would be appreciated.

Sincerely,

Tracy Thompson
Regulatory Analyst
Commercial Business, Governance
800-227-1700 ext 2145 wk
415-899-2145

Fireman's Fund
Insurance Companies
A member of the
Alliance Group

777 San Marin Drive
Novato, CA 94998
415.899.2000

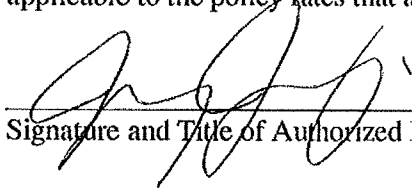
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**ADDENDUM TO ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Jeffrey F. Johnson, a duly authorized officer of Chicago Insurance Company am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience as stated in the actuarial support for this filing, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, See Certification attached, a duly authorized actuary of See Certificate attached, am authorized to certify on behalf of Chicago Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

 Vice President and Controller
Signature and Title of Authorized Insurance Company Officer

8/24/11
Date

See Certification attached Actuarial Director
Signature, Title and Designation of Authorized Actuary

Date

Insurance Company FEIN 36 - 6042949 Filing Number NILMM0309

Insurer's Address 777 San Marin Drive

City Novato State CA Zip 94947

Contact Person's:

-Name Tracy L. Thompson Email tthomps5@ffic.com


-Direct Telephone 415.899.2145 Fax 866.290.0671

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 IL CS 5/155.10)(3) state that medical liability rates shall be certified in such filing by an officer of the company and qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

~~I, William S. Paukovitz, a duly authorized officer of Fireman's Fund Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company experience, and that I am knowledgeable for the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.~~

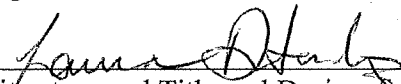
I, Laura Deterding, a duly authorized actuary of Fireman's Fund Insurance Companies, am authorized to certify on behalf of Chicago Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rate that are the subject of this filing.



Signature and Title of Authorized Insurance Company Officer

12/15/2009

Date



Signature and Title and Designation of Authorized Actuary

12/15/2009

Date

Insurance Company FEIN 36-6042949 Filing Number: NILMM0109

Insurer's Address: 777 San Marin Drive

City: Novato State: California Zip Code 94998

Contact Person's

Name and E-mail Tracy Thompson tthomps5@ffic.com

Direct Telephone and Fax Number 415-899-2145

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JAN 19 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective 02/01/2010

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Malpractice -	115,489	0.0%
	Occupational		
	Therapists		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

There is only one territory for Occupational Therapists in Illinois.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Base rate only change for our Occupational Therapists Professional Liability program.For more info please see the actuarial memorandum

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Fireman's Fund Insurance
Companies

Name of Company

Vice President, Compliance
Official - Title

The Fireman's Fund Insurance Companies
Effective February 1, 2010
Rate Filing Actuarial Memorandum
Allied Health Professional Liability Programs
Occupational Therapists Rate Change

Please find attached actuarial support for the following rate proposal:

1. Effective 8/1/2007, a base rate increase for various Allied Health professionals was approved as a countrywide filing.
2. The increase on all classes except Optometrists & Occupational Therapists were implemented as approved.
3. The proposed rates are justified by the accompanying actuarial rate indications.
4. The rate changes we are proposing are off of those currently charged to Occupational Therapists and not off of those that were filed in 2007. The detail of the impact to the currently filed rates versus the actual impact to insureds is included on an additional rate impact summary exhibit accompanying this filing.

The actual countrywide rate change to policyholders that we are proposing based on our 2008 WP breaks down as follows:

Employed OT's	0.0%
Self-Employed Full-time OT's	0.0%
Self-Employed Part-time OT's	0.0%
Total	0.0%

Our indications are developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the indications. Our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data.

The evaluation date of the Accident Year data that is being utilized in the rate level indication is as of December 31, 2008. All rate changes that would impact any of the ten years of experience are included in the development of the indication.

For the purpose of deriving loss development factors, trend rates, & expected loss ratios, our Occupational Therapist program lacks sufficient stability & credibility. As a result, we base these selections off of all our Allied Health Occurrence Programs (except Nurses). As a result, Exhibits 3-7 use aggregate Allied Health Occurrence Program data, while Exhibits 1-2 are specific to our Occupational Therapist program (note: Exhibit 5 also has Occupational Therapist specific data detailing past rate changes at the CW level to derive on-level factors).

Given 10 years of data and a standard of 683 reported claims based on Limited Fluctuation Credibility Theory, our Occupational Therapist data is only 64% credible. To complement the lack of full credibility, we used the Permissible Loss Ratio trended forward one year.

The selections and methods used to derive this indication adhere to standard actuarial practices.

Neuman, Gayle

From: tracy.thompson@ffic.com
Sent: Tuesday, November 29, 2011 10:06 AM
To: Neuman, Gayle
Subject: Re: FW: Filing #NILMM0309 - Occupational Therapists Med Mal Filing

Dear Gayle,

Yes, thank you, the filing was put in Effective February 1, 2010.

Thank you so much!

Tracy

Tracy Thompson | Regulatory Affairs Senior Analyst | Commercial Insurance | **Fireman's Fund Insurance Company**
777 San Marin Drive A25 | Novato, CA 94998 | T 415.899.2145 | C.415.899.0000 | F.415.899.0000

www.FiremansFund.com | www.facebook.com/FiremansFund | www.twitter.com/FFundHeritage
We started with a promise. We have a promise to keep.

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

11/28/2011 11:43 AM

To "tracy.thompson@ffic.com" <tracy.thompson@ffic.com>

cc

Subject FW: Filing #NILMM0309 - Occupational Therapists Med Mal Filing

Ms. Thompson,

The Department of Insurance has now completed its review of the filing referenced above. Previously, Chicago Insurance Company requested the filing be effective February 1, 2010. Was the filing put in effect on February 1, 2010 or do you wish to have a different effective date? Please advise.

Your prompt response is appreciated.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Neuman, Gayle
Sent: Monday, November 07, 2011 3:22 PM
To: 'tracy.thompson@ffic.com'
Subject: RE: Filing #NILMM0309 - Occupational Therapists Med Mal Filing

Tracy,

I believe it will be this week.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: tracy.thompson@ffic.com [mailto:tracy.thompson@ffic.com]
Sent: Monday, November 07, 2011 3:20 PM
To: Neuman, Gayle
Subject: RE: Filing #NILMM0309 - Occupational Therapists Med Mal Filing

Dear Gayle,

I hate to bother you, as I know you are extremely busy. Due to the age of this filing, I need to provide an update as to the status of this filing. Can you advise as to when the review could possibly be Completed?

Thank you,

Tracy

Tracy Thompson 1 Regulatory Affairs Senior Analyst 1 Commercial Insurance 1 **Fireman's Fund Insurance Company**
777 San Marin Drive A25 1 Novato, CA 94998 1 T.415.899.0000 1 C.415.899.0000 1 F.415.899.0000

www.FiremansFund.com 1 www.facebook.com/FiremansFund 1 www.twitter.com/FFundHeritage
We started with a promise. We have a promise to keep.

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Neuman, Gayle

From: tracy.thompson@ffic.com
Sent: Tuesday, February 09, 2010 12:17 PM
To: Neuman, Gayle
Subject: Re: FW: Chicago Ins Co - Filing #NILMM0309
Attachments: 8-1-07 Manual Pages.pdf

Gayle, I am so sorry, this was a oversight on my part. Please see attached as a response your email dated February 1, 2010.

Our statistical reporting agency is NISS.

See attached rates & manual rules that apply to these rates

Please let me know if you have any questions.

Tracy

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <tthomps5@ffic.com>

cc

02/09/2010 09:55 AM

Subject FW: Chicago Ins Co - Filing #NILMM0309

Ms. Thompson,

I did not receive a response to the below e-mail nor a request for an extension. Do you wish to withdraw this filing? Your immediate attention and response is being requested.

Gayle Neuman
Department of Insurance

From: Neuman, Gayle
Sent: Monday, February 01, 2010 11:06 AM
To: 'tthomps5@ffic.com'
Subject: Chicago Ins Co - Filing #NILMM0309

Ms. Thompson,

2/9/2010

I am in receipt of the above referenced filing submitted with your letter dated January 11, 2010.

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Please provide a copy of the page(s) being replaced, and provide a copy of the manual rule pages that apply to these rates. You are required to indicate the effective date of the pages being submitted to answer this request.

I request receipt of your response by February 5, 2010.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

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2/9/2010

Neuman, Gayle

From: Neuman, Gayle
Sent: Tuesday, February 09, 2010 1:42 PM
To: 'tracy.thompson@ffic.com'
Subject: RE: FW: Chicago Ins Co - Filing #NILMM0309

Ms. Thompson,

The August 2007 filed pages include respiratory therapist and optometrist however I don't see these classes listed on the new pages provided. Do you no longer write coverage for these classes? Please explain.

I have looked through other pages in the manual filed in February 2004 wherein respiratory therapists and rehabilitation therapists were included. It seems that the filings submitted in past years overlap parts of other sections by including some but not all of the classes of insureds. This makes it impossible to supersede the previous filings.

Gayle Neuman
 Department of Insurance

From: tracy.thompson@ffic.com [mailto:tracy.thompson@ffic.com]
Sent: Tuesday, February 09, 2010 12:17 PM
To: Neuman, Gayle
Subject: Re: FW: Chicago Ins Co - Filing #NILMM0309

Gayle, I am so sorry, this was a oversight on my part. Please see attached as a response your email dated February 1, 2010.

Our statistical reporting agency is NISS.

See attached rates & manual rules that apply to these rates

Please let me know if you have any questions.

Tracy

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <tthomps5@ffic.com>
 cc

02/09/2010 09:55 AM

Subject FW: Chicago Ins Co - Filing #NILMM0309

2/9/2010

Neuman, Gayle

From: tracy.thompson@ffic.com
Sent: Tuesday, February 23, 2010 12:51 PM
To: Neuman, Gayle
Subject: Filing: NILMM0309
Attachments: IL Complete Manual Allied Health.pdf

Hi Gayle, I'm just trying one more time to send you this complete manual to you. This morning I spoke with Daphne Crocket on the status of filings and we discovered that both of us thought each other had sent you a copy of the manual via paper.

So Daphne is over nighting it today to you and I said I'd try again to send:

Any questions, please let me know.

Tracy Thompson
Regulatory Analyst
415.899.2145

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2/24/2010

Neuman, Gayle

From: Neuman, Gayle
Sent: Monday, March 01, 2010 1:28 PM
To: 'tracy.thompson@ffic.com'
Subject: RE: Filing: NILMM0309

Ms. Thompson,

The manual you e-mailed does not have the same pages that are in the manual filed with us. Is this possibly a countrywide version of your manual? However, as in my February 9 e-mail, there were clases in the August 2007 filed pages that are not on the pages being submitted in this filing. I can continue the filing as is, however there would not be any rates for respiratory therapist or optometrist. Do you wish to proceed without these rates? Please advise at your earliest convenience.

Gayle Neuman
Department of Insurance

From: tracy.thompson@ffic.com [mailto:tracy.thompson@ffic.com]
Sent: Tuesday, February 23, 2010 12:51 PM
To: Neuman, Gayle
Subject: Filing: NILMM0309

Hi Gayle, I'm just trying one more time to send you this complete manual to you. This morning I spoke with Daphne Crocket on the status of filings and we discovered that both of us thought each other had sent you a copy of the manual via paper.

So Daphne is over nighting it today to you and I said I'd try again to send:

Any questions, please let me know.

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Regulatory Analyst
415.899.2145

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3/1/2010

Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, March 11, 2010 9:00 AM
To: 'tracy.thompson@ffic.com'
Subject: RE: Filing: NILMM0309

Ms. Thompson,

I want to be sure I understand this. Were any of the pages in the manual that you provided via e-mail on February 23, 2010 previously submitted to the Department for filing? Are you in fact re-filing numerous sections with changes in format? Please clarify.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: tracy.thompson@ffic.com [mailto:tracy.thompson@ffic.com]
Sent: Tuesday, March 02, 2010 3:23 PM
To: Neuman, Gayle
Subject: RE: Filing: NILMM0309

Ms. Neuman; In response to your email dated 3.01.2010.

The Allied Health manual submitted was restructured in an attempt to create ease of use and less confusing for the user. The Allied Health classes where the rating detail were more complex, individual pages were created. Each page contains a page number in order to insert, remove or reference the page(s). We are requesting that you replace the old manual with this manual in its entirety.

Please Note:

Occupational Therapists

The Occupational Therapist rates on file and currently under your review are reflected on page 1 of the manual.

Medical Technologist

The Medical Technologist rates from the August, 2007 filing are reflected on page 1 of the manual.

Optometrist

The Optometrist rates on file and currently under your review are attached below. The rates on pages 8 of the manual should be replaced with this page once approved.

Respiratory Therapist

The Respiratory Therapist rates are reflected on page 9 of the manual and will match the rates from the August, 2007 manual.

Please do not hesitate to call, if you continue to have questions.

Regards,

3/11/2010

Daphne Crockett
Regulatory and Product Services
Fireman's Fund Insurance Company
Office 312.715.5550
Cell 312.342.5764
FAX 877.247.4320
dcrockett@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <tracy.thompson@ffic.com>

cc

03/01/2010 11:28 AM

Subject RE: Filing: NILMM0309

Ms. Thompson,

The manual you e-mailed does not have the same pages that are in the manual filed with us. Is this possibly a countrywide version of your manual? However, as in my February 9 e-mail, there were clases in the August 2007 filed pages that are not on the pages being submitted in this filing. I can continue the filing as is, however there would not be any rates for respiratory therapist or optometrist. Do you wish to proceed without these rates?

Please advise at your earliest convenience.

Gayle Neuman
Department of Insurance

From: tracy.thompson@ffic.com [mailto:tracy.thompson@ffic.com]
Sent: Tuesday, February 23, 2010 12:51 PM
To: Neuman, Gayle
Subject: Filing: NILMM0309

Hi Gayle, I'm just trying one more time to send you this complete manual to you. This morning I spoke with Daphne Crocket on the status of filings and we discovered that both of us thought each other had sent you a copy of the manual via paper.

So Daphne is over nighting it today to you and I said I'd try again to send:

Any questions, please let me know.

Tracy Thompson
Regulatory Analyst
415.899.2145

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**CHICAGO INSURANCE COMPANY
PROFESSIONAL LIABILITY RATE PAGES
Allied Health Occurrence Programs**

Optometrist Territory 1:

1M/3M

EMPLOYED	469
SELF-EMPLOYED full-time	469
SELF-EMPLOYED part-time	361
Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	

Optometrist Territory 2:

1M/3M

EMPLOYED	562
SELF-EMPLOYED full-time	562
SELF-EMPLOYED part-time	433
Colorado, Georgia, Illinois (<i>other than Cook County</i>), Massachusetts (<i>other than Norfolk and Suffolk Counties</i>), Michigan (<i>other than Wayne County</i>), Minnesota, Missouri, Nevada, New Jersey (<i>other than Camden, Hudson, Essex, Union, and Mercer Counties</i>), Pennsylvania (<i>other than Philadelphia County</i>), Texas (<i>other than Dallas and Harris Counties</i>)	

Optometrist Territory 3:

1M/3M

EMPLOYED	896
SELF-EMPLOYED full-time	896
SELF-EMPLOYED part-time	690
Illinois (<i>Cook County</i>), Louisiana, Massachusetts (<i>Norfolk and Suffolk Counties</i>), New Jersey (<i>Camden, Hudson, Essex, Union, and Mercer Counties</i>), Pennsylvania (<i>Philadelphia County</i>), Texas (<i>Dallas and Harris Counties</i>)	

Optometrist Territory 4:

1M/3M

EMPLOYED	1,579
SELF-EMPLOYED full-time	1,579
SELF-EMPLOYED part-time	1,215
Connecticut, District of Columbia, Michigan (<i>Wayne County</i>)	

*Please refer to exception rate pages for states not listed here.

Optometrist Territory 4:

1M/3M

ADDITIONAL INSURED PL (each)	156
GENERAL LIABILITY	120
First Location	50
Each Subsequent Location	

Neuman, Gayle

From: Neuman, Gayle
Sent: Monday, March 29, 2010 9:54 AM
To: 'tracy.thompson@ffic.com'; 'DCrockett@FFIC.COM'
Subject: Filing #NILMM0309
Attachments: Chicagomanual1of3.pdf; Chicagomanual2of3.pdf; Chicagomanual3of3.pdf

Ms. Thompson and Ms. Crockett,

In my conversation with Daphne on 3/18/10, I was informed that the new pages received were to be the new manual. Unfortunately, the previously filed pages separated different health professionals into separate filings.

I currently have some manual pages dating back to 1994. I believe this is partly because some previous filings did not completely replace the filing it was meant to replace – such as only including some of the previous health professionals.

I am requesting you to advise what pages are being replaced by the manual you submitted on 2/23/10. Obviously, because the manuals don't have continuous page numbers, you will have to provide scans of pages with filing dates. Then, I am requesting you to advise if any of the other manual pages still apply. If not, I request that you with the pages again by providing scans of such pages. This will help us with our system getting ready to go all electronic.

Thank you for your prompt assistance.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

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3/29/2010

Neuman, Gayle

From: daphne.crockett@ffic.com
Sent: Wednesday, April 21, 2010 2:58 PM
To: Neuman, Gayle
Subject: Filing #NILMM0309

Hi Ms. Neuman:

On 4/5 I sent an email in response to your 3/29 email and it was returned indicating delivery failure. We continue to have technical problems where our emails are not reaching your office. We have reported the problem to our IT department, but their reports indicate it is on your end. If you would check with your IT to see if we have been identified as Spam or something that prevents our emails from going through it would be greatly appreciated. Or, if we should have someone in our IT area speak with your IT personnel to determine the issue.

I am going to follow up with a phone call to ensure you receive this feedback.

The Allied Health rate and rule manual I provided consist of all current rate and rule pages filed and approved in your state. This manual submitted should replace any Allied Health rate and rule pages you have in your records. From my review of the manual pages you sent in your 3/29 email, there are duplication of rates and rules pages, rate pages that were replaced due to a more recent filing and some pages are not part of the Allied Health program and should not be included as part of this manual.

Per your request, I cannot provide you the stamped approved rate and rule pages as filed to make into a manual. The manual rate pages are not set up that way. For example, when a filing is submitted called Miscellaneous Therapist rate and rule filing. The rate page(s) contained in that filing could show rates for Medical Technologists, Optometrists and Occupational Therapists. In the Allied Health manual these occupations have individual pages and page numbers. In the future when we filed we intend to use the manual page format which will make it easier to insert and replace old pages. The way the filings pages were structured in past filings we cannot insert and/or replace pages.

I compared the pages you sent in your 3/29 memo to our approved filings and the restructured Allied Health manual. There were two corrections identified. These corrections will be submitted along with instructions on where to insert or replace in the completed Allied Health manual.

Regards,

Daphne Crockett
Regulatory and Product Services
Fireman's Fund Insurance Company
Office 312.715.5550
Cell 312.342.5764
FAX 877.247.4320
dcrockett@ffic.com

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April 29, 2011

Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Chicago Insurance Company - NAIC #: 0761-22810 - FEIN #: 36-6042949

RE: Occupational Therapist Rates - Withdrawal
Allied Health Purchasing Group Association
Company Filing Number: FILMM0111

Dear Ms. Neuman,

The Chicago Insurance Company request withdrawal of the Occupational Therapist rates that were included in the filing titled Miscellaneous Therapists Professional Liability Program Rate Filing. The Company Filing Number is CGIL MT IL 08 07 RA and the effective date of this filing is August 1, 2007.

For your convenience, I am enclosing a copy of the rate pages submitted with the Miscellaneous Therapist Professional Liability - Rate Filing #CGIL MT IL 08 07 RA.

This withdrawal is with the expectation that the proposed Occupational Therapist Rates submitted under company filing number NILMM0309 be approved, as we have implemented these rates effective February 1, 2010.

We appreciate your time, effort and consideration of our request. If there are any questions, please do not hesitate to contact us.

Sincerely,

Tracy Thompson
Sr. Regulatory Analyst
Fireman's Fund Insurance Company
800-277-1700 ext 2145 wk
888-329-0569 fax
tthomps5@ffic.com

Fireman's Fund
Insurance Companies
A member of the
Alliance Group

777 San Marin Drive
Novato, CA 94998
415.899.2000

Neuman, Gayle

From: tracy.thompson@ffic.com
Sent: Friday, April 29, 2011 11:52 AM
To: Neuman, Gayle
Subject: Note: Correction to Title of Email: Occupational Therapist #NILMM0309
Attachments: Withdrawal of Occupational Therapist Rates.pdf; 8-1-07 Manual Pages.pdf

* Sorry for any confusion Gayle. Just want to have the correct Title for Reference:

Good morning Gayle,

Thank you again for your time Wednesday, April 27, 2011.

Please see attached request to Withdraw Occupational Therapist Rates from our previous filing.

Please do not hesitate to contact me should you have any further questions.

Sincerely,

Tracy Thompson
Sr. Regulatory Analyst
415.899.2145

Tracy Thompson | Regulatory Affairs Senior Analyst | Commercial Insurance | Fireman's Fund Insurance Company
777 San Marin Drive A25 | Novato, CA 94998 | T.415.899.2145 | C.415.899.0000 | F.415.899.0000

www.FiremansFund.com | www.facebook.com/FiremansFund | www.twitter.com/FFundHeritage
We started with a promise. We have a promise to keep.

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To "tracy.thompson@ffic.com" <tracy.thompson@ffic.com>
cc

04/26/2011 10:36 AM

Subject RE: Optometrist Filing #NILMM0309

I would be available tomorrow at 9:00 CST.

Gayle Neuman
Illinois Department of Insurance
(217)524-6497

From: tracy.thompson@ffic.com [mailto:tracy.thompson@ffic.com]
Sent: Tuesday, April 26, 2011 12:21 PM
To: Neuman, Gayle
Subject: RE: Optometrist Filing #NILMM0309

Hi Gayle, Are you available sometime tomorrow morning for a brief phone call?

Let me know if there is a good time for you?

Thank you,

Tracy

Tracy Thompson 1 Regulatory Affairs Senior Analyst 1 Commercial Insurance 1 **Fireman's Fund Insurance Company**

777 San Marin Drive A25 1 Novato, CA 94998 1 T.415.899.0000 1 C.415.899.0000 1 F.415.899.0000

www.FiremansFund.com 1 www.facebook.com/FiremansFund 1 www.twitter.com/FFundHeritage

We started with a promise. We have a promise to keep.

"Neuman, Gayle"

<Gayle.Neuman@illinois.gov>

04/26/2011 08:53 AM

To "tracy.thompson@ffic.com"

<tracy.thompson@ffic.com>

cc

Subject RE: Optometrist Filing #NILMM0309

Ms. Thompson,

Attached is an e-mail dated May 4, 2010 from Daphne Crockett which indicated rates were not implemented. I am aware of the filing date that was requested, but the issue is the implementation date.

Please review and respond.

Gayle Neuman

Illinois Department of Insurance

(217)524-6497

From: tracy.thompson@ffic.com [mailto:tracy.thompson@ffic.com]

Sent: Monday, April 25, 2011 4:39 PM

To: Neuman, Gayle

Subject: Re: Optometrist Filing #NILMM0309

Dear Gail,

The Optometrists Filing #NILMM0109 was implemented 9/1/2010. Here is a copy of the filing stamped acknowledgement for your review.

The Occupational Therapists Filing NILMM0309 was implemented 2/1/2010. Here is our communication regarding the effective date.

Please let me know if you have any questions or concerns. Both filings have been implemented.

Sincerely,

Tracy Thompson
Regulatory Compliance
Fireman's Fund Insurance Company

Tracy Thompson 1 Regulatory Affairs Senior Analyst 1 Commercial Insurance 1 **Fireman's Fund Insurance Company**

777 San Marin Drive A25 1 Novato, CA 94998 1 T.415.899.2145 1 C.415.899.0000 1 F.415.899.0000

www.FiremansFund.com 1 www.facebook.com/FiremansFund 1 www.twitter.com/FFundHeritage

We started with a promise. We have a promise to keep.

"Neuman, Gayle"
<Gayle.Neuman@illinois.gov>

04/19/2011 07:42 AM

To "tracy.thompson@ffic.com"
<tracy.thompson@ffic.com>

cc

Subject Optometrist Filing #NILMM0309

Ms. Thompson,

I last spoke with you on this filing in August, 2010. I realize this issue will not be fresh in your mind. You indicated that Chicago Insurance Company did not implement rate filing #NILMM0109 however the filing was not withdrawn nor the effective date changed. Because of this, Chicago would not technically be using the rates on file with the Department which for other insurers has resulted in Stipulation and Consent Orders with fines.

Have you already implemented filing #NILMM0309? If so, on what date? Would you consider withdrawing filing #NILMM0109 or changing its effective date?

I request receipt of your response by April 27, 2011.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

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Click [here](#) to report this email as spam.

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----- Message from "daphne.crockett@ffic.com" <daphne.crockett@ffic.com> on Tue, 4 May 2010 16:42:15 -0500 -----

To: "Neuman, Gayle" <Gayle.Neuman@illinois.gov>

Subject: Filing #NILMM0309

Hi Gayle, the Allied Health rates & rules manual submitted on 2/23/10 will replace all 3 manuals submitted in your email of 3/29/10. Please see my comments below.

Please note, the new Allied Health rates & rules manual pages did not change any of the rates or rules filed and approved. The pages were simply renumbered and reformatted for ease of reference for all Allied Health classes.

In your Chicagomanual 1 of 3 sent 3/29, those pages are to be replaced with the new Allied Health rates & rule manual pages. I went page by page in your manual and matched the rates and rules to the pages in the new Allied Health manual. Hope this will be helpful and informative for you in replacing the old manual pages with the new Allied Health rate & rule manual.

1. Page 5-5(Rev 12/04) - Medical Related Professional Services Purchasing Group (MRPSPGA) - Home Health Care and Temporary

Staffing Agencies - This page is not a part of the Allied Health Program filings and should not be included with the Allied Health rates & rules manual.

2. Physical Therapist Program rates effective 5/1/07 - same rates submitted on page 9 of our new manual titled Physical Therapists Base Rates.

3. Physical Therapist Program Rating Rule Manual effective 5/1/07- Same rating rule for Physical Therapist found on Physical Therapist pages 1 - 3. There is one exception, rule 16. Quarterly Installments has been remove from the Physical Therapist page and added as a separate page in the manual to apply to all Allied Health classes.

All other Physical Therapist rates and rules pages are obsolete as they were replaced by the filing effective 5/1/07.

4. Respiratory Therapists & Rehabilitation Therapists rates pages effective 2/15/04, and the Miscellaneous Therapists rate page which include rates for Respiratory Therapists effective 8/1/07 are the same rates submitted on page 11 of the new Allied Health rates & rule manual titled Respiratory Therapists & Rehabilitation Therapists Base Rates. The Respiratory Therapists & Rehabilitation Therapists Rating Rule Manual pages effective 2/15/04 are the same rules shown in the new manual titled Respiratory Therapists & Rehabilitation Therapists Rating Rule Manual pages 1 - 3.

5. The Miscellaneous Therapists program rate pages effective 8/1/07 contained rates on one page for several Allied Health classes. The four classes of rates included on this filing page were: Medical Technologists, Occupational Therapists, Optometrists and Respiratory Therapists. These rates are not on the same page in the new Allied Health manual.

- The Medical Technologist rates effective 8/1/07 are on page 1 of the new Allied Health manual titled Professional Liability & Optional Coverage Base Rates.

-The Occupational Therapists rates effective 8/1/07 were not implemented. The Occupational Therapists rates used today are rates filed and approved effective 8/1/06. These same rates were refiled in filing #NILMM0309 and is still pending IL approval which prompted the reformatting and submission of the Allied Health manual.

These rates are found on page 1 of the new Allied Health manual titled Professional Liability & Optional Coverage Base Rates.

-The Optometrists rates effective 8/1/07 were not implemented. The proposed Optometrists rates were filed in filing #NILMM0109 as we currently used rates filed and approved effective 8/1/06. The new rates once approved will replace the rates found on page 8 of the new Allied Health manual.

The Allied Health Rating Rules for all classes in the Allied Health Professionals except Physical Therapists, Optometrists, Dental Hygienists, Dieticians & Nutritionists, Mental Health specialists, Respiratory Therapists, Rehabilitation Therapist, Students (both Individual & Blanket), Nurses, Physician Assistants & Audiology/Speech Pathology professionals are in the Rating Rule section of the manual pages 1 -3.

6. The American Dietetic Association rates and rating rule effective 7/1/05 are the rates found on page 5 of the Allied Health manual titled Dieticians & Nutritionists. The rating rules are in the Rating Rule section of the

manual pages 1-3 titled Dieticians & Nutritionists.

7. The Audiology/Speech Pathology Professionals Rating and Rules effective 11/1/99 are the rating rules found on pages 1-2 titled Audiology/Speech Pathology Professionals in the rating rule section of the new Allied Health manual. The rates for Audiology/Speech Pathology Professionals are on page 3 of the new Allied Health manual.

8. The Mental Health Specialists rates effective 2/15/04 replaces the 4/1/97 page. Page 6 in the new Allied Health manual titled Mental Health Specialist Program reflect the rates effective 2/15/04. The rating rules are in the rating rule section of the new Allied Health manual, pages 1- 3. These rules are the Mental Specialists rules effective 2/15/04.

9. Student Blanket Rating Rule pages effective 8/1/96 match the Student Blanket Rating rules pages 1- 5 in the rating rule section of the new Allied Health manual.

10. The Physicians Assistants rates effective 12/15/05 are the rates reflected on page 10 of the new Allied Health manual. Due to an error on that page which erroneously omitted Terr II Cook county the corrected page 10 is below for inserting into the new Allied Health manual.

11. The Allied Health Professionals rates effective 8/1/06 are the rates reflected on pages 1-2 of the new Allied Health manual titled Professional Liability & Optional Coverage Base Rates. Here are many of the remaining classes that have not been mentioned above on a separate page or in the following comments below.

12. All of the Physicians Choice Purchasing Group pages 1-12 and the Physicians Class Plan Analysis 1-4 are to be deleted. This program is not a part of the Allied Health program and should not be included in the manual. This is no longer an active Risk Purchasing Group for Chicago Insurance Company.

13. Great Lakes Physicians & Surgeons Purchasing Group program and pages 1-9 should be deleted. This is not an active Risk Purchasing Group for Chicago Insurance Company and these pages are not part of the Allied Health program.

14. The Nurses Programs rating rules effective 7/1/06 are the same rules reflected in the rating rule section of the Allied Health manual titled Rating Rules - Nurses Program, pages 1 -3. The Nurses rate pages effective 7/1/06 are reflected in the new Allied Health manual on page 7 titled Nurses Program Rate Page.

15. The Quarterly Installment rule applicable to various classes has been moved to an individual page and is not reflected on a specific class page. Please insert this page into your manual.

16. The final part of the new Allied Health manual are the Claims Made Allied Health Classes: Educators, Interior Designers, Physicists in Medicine and Association Professional Liability. These pages were not included in your manual but they are active classes within the Allied Health program.

In ChicagoManual 2 of 3 the majority of those pages are not part of the Allied Health program. The last set of pages titled Allied Health Program are obsolete and have been replaced by filings mentioned above.

In the Chicagomanual 3 of 3 these are old pages that have been replaced by filings reference in Chicagomanual 1 of 3.

Please let me know if you have questions. Again, I hope this will make the manual replacement clearer. If not, please do not hesitate to contact me.

Regards,

Daphne Crockett
Regulatory and Product Services
Fireman's Fund Insurance Company

Office 312.715.5550
Cell 312.342.5764
FAX 877.247.4320
dcrockett@ffic.com

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Neuman, Gayle

From: daphne.crockett@ffic.com
Sent: Tuesday, May 04, 2010 4:42 PM
To: Neuman, Gayle
Subject: Filing #NILMM0309
Attachments: IL Physician Assistants Rate Pages.pdf; IL Quarterly Installment Exception Page.pdf

Hi Gayle, the Allied Health rates & rules manual submitted on 2/23/10 will replace all 3 manuals submitted in your email of 3/29/10. Please see my comments below.

Please note, the new Allied Health rates & rules manual pages did not change any of the rates or rules filed and approved. The pages were simply renumbered and reformatted for ease of reference for all Allied Health classes.

In your Chicagomanual 1 of 3 sent 3/29, those pages are to be replaced with the new Allied Health rates & rule manual pages. I went page by page in your manual and matched the rates and rules to the pages in the new Allied Health manual. Hope this will be helpful and informative for you in replacing the old manual pages with the new Allied Health rate & rule manual.

1. Page 5-5(Rev 12/04) - Medical Related Professional Services Purchasing Group (MRPSPGA) - Home Health Care and Temporary

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15. The Quarterly Installment rule applicable to various classes has been moved to an individual page and is not reflected on a specific class page. Please insert this page into your manual.

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In ChicagoManual 2 of 3 the majority of those pages are not part of the Allied Health program. The last set of pages titled Allied Health Program are obsolete and have been replaced by filings mentioned above.

In the Chicagomanual 3 of 3 these are old pages that have been replaced by filings reference in Chicagomanual 1 of 3.

Please let me know if you have questions. Again, I hope this will make the manual replacement clearer. If not, please do not hesitate to contact me.

Regards,

Daphne Crockett
Regulatory and Product Services
Fireman's Fund Insurance Company
Office 312.715.5550
Cell 312.342.5764
FAX 877.247.4320
dcrockett@ffic.com

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Neuman, Gayle

From: tracy.thompson@ffic.com
Sent: Monday, June 14, 2010 12:34 PM
To: Neuman, Gayle
Subject: RE: Filing #NILMM0309

Dear Gayle,

We will use the Effective date of 02/01/2010.

Thank you,

Tracy Thompson
Regulatory Analyst
415.899.2145

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

06/14/2010 10:07 AM

To <tracy.thompson@ffic.com>

cc

Subject RE: Filing #NILMM0309

Ms. Thompson,

You may use the original requested effective date of 2/01/2010 or any other date on or after January 19, 2010 (the date the filing was received). Please confirm in writing.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: tracy.thompson@ffic.com [<mailto:tracy.thompson@ffic.com>]

Sent: Monday, June 14, 2010 11:55 AM

To: Neuman, Gayle

Subject: Re: Filing #NILMM0309

Good morning Gayle.,

Per our conversation last week, we would like to implement under the Use & File our Occupational Therapist Filing, #NILMM0309. May we use the original requested date of 2/01/2010? The reason is because this filing does not change the rates and there is no impact to policyholders. If not, our effective date will be 7/1/2010.

We look forward to your acknowledgement.

Sincerely,

Tracy Thompson
Regulatory Analyst
415-899-2145

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Neuman, Gayle

From: Neuman, Gayle
Sent: Tuesday, August 17, 2010 11:26 AM
To: 'tracy.thompson@ffic.com'
Subject: Filing #NILMM0309 and #NILMM0109

Ms. Thompson,

In the handling of filing #NILMM0309, you provided an entirely new manual. You requested this filing be effective February 1, 2010. However completed filing #NILMM0109 was filed as of September 1, 2010. Again, these pages don't match the ones you have provided in the manual. Please advise on how these pages will be replaced. I request receipt of your response by August 27, 2010.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

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Neuman, Gayle

From: tracy.thompson@ffic.com
Sent: Wednesday, August 25, 2010 12:31 PM
To: Neuman, Gayle
Subject: Re: Filing #NILMM0309 and #NILMM0109
Attachments: IL Optometrist Rate Page Eff 09-1-10.pdf

Dear Gayle Neuman,

In response to your email dated August 17, 2010. Please see attached page to replace the Optometrists rate page 8 in the Allied Health Manual. This page complies with filing #NILMM0109 as of 9/1/2010.

If there are questions, please do not hesitate to contact me.

Sincerely,

Tracy Thompson
Fireman's Fund Insurance Company
415-899-2145

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

08/17/2010 09:31 AM

To <tracy.thompson@ffic.com>
cc
Subject Filing #NILMM0309 and #NILMM0109

Ms. Thompson,

In the handling of filing #NILMM0309, you provided an entirely new manual. You requested this filing be effective February 1, 2010. However completed filing #NILMM0109 was filed as of September 1, 2010. Again, these pages don't match the ones you have provided in the manual. Please advise on how these pages will be replaced. I request receipt of your response by August 27, 2010.

Gayle Neuman
Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

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Click [here](#) to report this email as spam.

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Neuman, Gayle

From: Neuman, Gayle
Sent: Tuesday, April 26, 2011 10:47 AM
To: 'tracy.thompson@ffic.com'
Subject: RE: Optometrist Filing #NILMM0309
Attachments: Filing #NILMM0309

Ms. Thompson,

Attached is an e-mail dated May 4, 2010 from Daphne Crockett which indicated rates were not implemented. I am aware of the filing date that was requested, but the issue is the implementation date.

Please review and respond.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: tracy.thompson@ffic.com [<mailto:tracy.thompson@ffic.com>]
Sent: Monday, April 25, 2011 4:39 PM
To: Neuman, Gayle
Subject: Re: Optometrist Filing #NILMM0309

Dear Gail,

The Optometrists Filing #NILMM0109 was implemented 9/1/2010. Here is a copy of the filing stamped acknowledgement for your review.

The Occupational Therapists Filing NILMM0309 was implemented 2/1/2010. Here is our communication regarding the effective date.

Please let me know if you have any questions or concerns. Both filings have been implemented.

Sincerely,

Tracy Thompson
Regulatory Compliance
Fireman's Fund Insurance Company

Tracy Thompson | Regulatory Affairs Senior Analyst | Commercial Insurance | Fireman's Fund Insurance Company
777 San Marin Drive A25 | Novato, CA 94998 | T.415.899.2145 | C.415.899.0000 | F.415.899.0000

www.FiremansFund.com | www.facebook.com/FiremansFund | www.twitter.com/FFundHeritage
We started with a promise. We have a promise to keep.

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To "tracy.thompson@ffic.com" <tracy.thompson@ffic.com>

cc

Subject Optometrist Filing #NILMM0309

04/19/2011 07:42 AM

Ms. Thompson,

I last spoke with you on this filing in August, 2010. I realize this issue will not be fresh in your mind. You indicated that Chicago Insurance Company did not implement rate filing #NILMM0109 however the filing was not withdrawn nor the effective date changed. Because of this, Chicago would not technically be using the rates on file with the Department which for other insurers has resulted in Stipulation and Consent Orders with fines.

Have you already implemented filing #NILMM0309? If so, on what date? Would you consider withdrawing filing #NILMM0109 or changing its effective date?

I request receipt of your response by April 27, 2011.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

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Neuman, Gayle

From: Neuman, Gayle
Sent: Tuesday, April 19, 2011 9:37 AM
To: 'tracy.thompson@ffic.com'
Subject: Optometrist Filing #NILMM0309

Ms. Thompson,

I last spoke with you on this filing in August, 2010. I realize this issue will not be fresh in your mind. You indicated that Chicago Insurance Company did not implement rate filing #NILMM0109 however the filing was not withdrawn nor the effective date changed. Because of this, Chicago would not technically be using the rates on file with the Department which for other insurers has resulted in Stipulation and Consent Orders with fines.

Have you already implemented filing #NILMM0309? If so, on what date? Would you consider withdrawing filing #NILMM0109 or changing its effective date?

I request receipt of your response by April 27, 2011.

Gayle Neuman

Illinois Department of Insurance
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Neuman, Gayle

From: Neuman, Gayle
Sent: Tuesday, April 26, 2011 12:35 PM
To: 'tracy.thompson@ffic.com'
Subject: RE: Optometrist Filing #NILMM0309

I would be available tomorrow at 9:00 CST.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: tracy.thompson@ffic.com [mailto:tracy.thompson@ffic.com]
Sent: Tuesday, April 26, 2011 12:21 PM
To: Neuman, Gayle
Subject: RE: Optometrist Filing #NILMM0309

Hi Gayle, Are you available sometime tomorrow morning for a brief phone call?

Let me know if there is a good time for you?

Thank you,

Tracy

Tracy Thompson | Regulatory Affairs Senior Analyst | Commercial Insurance | **Fireman's Fund Insurance Company**
777 San Marin Drive A25 | Novato, CA 94998 | T.415.899.0000 | C.415.899.0000 | F.415.899.0000

www.FiremansFund.com | www.facebook.com/FiremansFund | www.twitter.com/FFundHeritage
We started with a promise. We have a promise to keep.

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To "tracy.thompson@ffic.com" <tracy.thompson@ffic.com>
cc

04/26/2011 08:53 AM

Subject RE: Optometrist Filing #NILMM0309

Ms. Thompson,

Attached is an e-mail dated May 4, 2010 from Daphne Crockett which indicated rates were not implemented. I am aware of the filing date that was requested, but the issue is the implementation date.

Please review and respond.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

Neuman, Gayle

From: tracy.thompson@ffic.com
Sent: Tuesday, July 26, 2011 5:13 PM
To: Neuman, Gayle
Subject: Re: Filing #NILMM0309

Dear Gayle,

In response to your email dated 7.19.2011.

See our comments below in blue.

Please let me know if you have any questions.

Sincerely,

Tracy Thompson

Tracy Thompson | Regulatory Affairs Senior Analyst | Commercial Insurance | Fireman's Fund Insurance Company
777 San Marin Drive A25 | Novato, CA 94908 | T.415.899.2145 | C.415.899.0000 | F.415.899.0000

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We started with a promise. We have a promise to keep.

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To "tracy.thompson@ffic.com" <tracy.thompson@ffic.com>

cc

07/19/2011 12:29 PM

Subject: Filing #NILMM0309

Ms. Thompson,

I have a few questions to be addressed:

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Our Statistical Agent is National Independent Statistical Service (NISS).

2. Please indicate the number of insureds in all allied health categories that received an Individual Risk Modification credit or debit.

The Allied Health business is interfaced by our agents. If a IRPM credit is offered a particular insured it is not captured in the information we receive or stored in our system for this business. We are unable to provide the number of insured that may receive an Individual Risk Modification credit or debit.

You did indicate during our telephone conversation that the rate & rule manual submitted is confusing for your review. If that manual is prompting this question for the filing submitted we can go back to the old manual you have on file for us and I will send you any pages needed to support this filing submission. As I've stated we have not made any changes in rates or rules in that manual. I thought I was simply redesigning the manual pages for ease of reference. I saw emails prior to my working on this filing stating the old manual was confusing. Therefore I thought I was improving the review process instead of making things worst.

I request receipt of your response by July 26, 2011.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

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**CHICAGO INSURANCE COMPANY
PROFESSIONAL LIABILITY RATE PAGES
Allied Health Occurrence Programs**

Professional Liability & Optional Coverage Base Rates

Professional Liability

<u>Occupation:</u>	<u>1M/3M</u>
PHARMACIST	
Employed	151
Self-employed Consultant Full-time	407
Self-employed Consultant Part-time	197
PHARMACY TECHNICIAN	
Employed	87
Self-employed Full-time	332
Self-employed Part-time	147
RETAIL DRUGGIST	
Employed	151
Self-employed Consultant Full-time	407
Self-employed Consultant Part-time	197
OCCUPATIONAL THERAPIST	
Employed/Employee	81
Self-employed Full-time	227
Self-employed Part-time	106
MEDICAL TECH / MEDICAL LAB TECH	
Employed	114
Employee	138
Self-employed Full-time	526
Self-employed Part-time	233
ART, DANCE, DRAMA & MUSIC THERAPIST	
Employed/Employee	84
Self-employed Full-time	318
Self-employed Part-time	141
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER)	
Employed/Employee	213
Self-employed Full-time	1032
Self-employed Part-time	439
MED RECORDS TRANSCRIPTIONIST / PROCEDURAL CODERS	
Employed/Employee	84
Self-employed	318

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**CHICAGO INSURANCE COMPANY
PROFESSIONAL LIABILITY RATE PAGES
Allied Health Occurrence Programs**

Professional Liability & Optional Coverage Base Rates

Professional Liability

<u>Occupation:</u>	<u>1M/3M</u>
CPR TRAINER	
Employed/Employee	84
Self-employed	318
ELECTROLOGIST	
Employed	104
Employee	125
Self-employed Full-time	478
Self-employed Part-time	212
INTERPRETER FOR THE DEAF	
Employed/Employee	63
Self-employed	116
ORTHOTIST	
Employed	194
OPTICIAN	
Employed	209
Self-employed Full-time	359
Self-employed Part-time	269
ORTHOPEDIC TECHNICIAN	
Employed/Employee	87
Self-employed Full-time	938
Self-employed Part-time	399

Optional Coverage

<u>All Occupations Listed Above***</u>	<u>1M/3M</u>
ADDITIONAL INSURED PL	
Each Additional Insured	156
GENERAL LIABILITY	
First Location	120
Each Additional Location	50

*** The Optional Coverage Base Rates listed here apply only to the professions specifically listed in the Professional Liability Base Rate section. For Optional Coverage Base Rates applicable to any unlisted profession, consult the rate pages specific to that profession.

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**CHICAGO INSURANCE COMPANY
PROFESSIONAL LIABILITY RATE PAGES
Allied Health Occurrence Programs**

**Audiology & Speech Pathology Professionals
Rates for Professional Liability & Optional Coverages**

ASHA MEMBERS	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>	<u>1M/5M</u>	<u>2M/5M</u>
PROFESSIONAL LIABILITY					
Employed	43	50	57	79	92
Employee	28	32	36	39	46
Self-employed	78	91	105	143	167
ADDITIONAL INSURED PL (each)	100	118	134	142	166
GENERAL LIABILITY					
First Location	73	83	95	95	111
Each Subsequent Location	29	33	38	38	44

ALL OTHER AUDIOLOGY / SPEECH PATHOLOGY PROFESSIONALS	<u>200K/200K</u>	<u>500K/500K</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>2M/4M</u>
PROFESSIONAL LIABILITY					
Employed	43	50	57	79	92
Employee	28	32	36	39	46
Self-employed	78	91	105	143	167
ADDITIONAL INSURED PL (each)	110	129	147	156	183
GENERAL LIABILITY					
First Location	73	83	95	95	111
Each Subsequent Location	29	33	38	38	44

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CHICAGO INSURANCE COMPAN
PROFESSIONAL LIABILITY RATE PAGE
Allied Health Occurrence Programs

Dental Hygiene Professionals
Rates for Professional Liability & Optional Coverages

DENTAL HYGIENISTS / ASSISTANTS	<u>200K/200K</u>	<u>500K/500K</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>2M/4M</u>
PROFESSIONAL LIABILITY					
Employed	50	57	62	66	77
Employee	48	57	62	65	76
Self-employed Full-time	188	219	238	252	295
Self-employed Part-time	84	97	105	111	130
ADDITIONAL INSURED PL (each)	110	129	147	156	183
GENERAL LIABILITY					
First Location	98	116	132	132	154
Each Subsequent Location	40	46	53	53	62

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**CHICAGO INSURANCE COMPAN
PROFESSIONAL LIABILITY RATE PAGE
Allied Health Occurrence Programs**

**Dieticians & Nutritionists
Rates for Professional Liability & Optional Coverages**

ADA Members	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/5M</u>	<u>2M/5M</u>
PROFESSIONAL LIABILITY					
Employed/Employee	48	50	59	71	87
Self-employed Full-time	79	84	98	118	144
Self-employed Part-time	60	64	75	90	110
Student	13	14	17	20	24
ADDITIONAL INSURED PL (each)	105	110	129	156	183
GENERAL LIABILITY					
First Location	80	85	100	120	140
Each Subsequent Location	34	36	42	50	59

ALL OTHER DIETICIANS & NUTRITIONISTS	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>	<u>2M/4M</u>
PROFESSIONAL LIABILITY					
Employed/Employee	51	54	63	76	89
Self-employed Full-time	190	201	235	283	331
Self-employed Part-time	88	94	110	132	154
ADDITIONAL INSURED PL (each)	105	110	129	156	183
GENERAL LIABILITY					
First Location	80	85	100	120	140
Each Subsequent Location	34	36	42	50	59

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CHICAGO INSURANCE COMPAN
PROFESSIONAL LIABILITY RATE PAGE
Allied Health Occurrence Programs

Mental Health Specialist Program
Professional Liability Base Rates

Mental Health Specialists	<u>200K/200K</u>	<u>500K/500K</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>2M/4M</u>
COUSELOR					
Employed	172	212	294	328	384
Self-employed	295	320	419	451	528
Employee	295	320	419	451	528
DRUG & ALCOHOL COUNSELOR					
Employed/Employee	97	149	210	226	264
Self-employed	97	149	210	226	264
SCHOOL COUNSELOR (K-12)					
Employed	103	130	184	201	235
SOCIAL WORKER					
Employed/Employee	143	156	205	220	257
Self-employed	197	215	282	303	355
PSYCHOLOGIST					
Terr 1 - AL, AK, AR, CT, DE, HI, IN, IA, KY, ME, MA, ND, OK, RI, SC, UT, VT, WV, WY	754	875	1,136	1,279	1,496
Terr 2 - DC, FL, GA, ID, IL, KS, MD, MS, MO, MT, NE, NV, NH, NC, OH, PA, SD, TN, TX, VA, WA, WI	927	1,077	1,398	1,572	1,839
Terr 3 - AZ, CO, LA, MI, MN, NJ, NM, OR	1,587	1,847	2,397	2,696	3,154
INDEPENDENT CONTRACTOR	22	25	33	37	43

Optional Coverages

Mental Health Specialists	<u>200K/200K</u>	<u>500K/500K</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>2M/4M</u>
ADDITIONAL INSURED					
First Additional Insured	80	94	107	113	132
Each Subsequent Additional Insured	21	23	26	29	34
GENERAL LIABILITY					
First Location	98	116	130	132	154
Each Subsequent Location	40	46	52	53	62

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**CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
NURSES PROGRAM
Rate Page**

<u>Employed Nurses</u>	<u>1M / 6M</u>
First Year RN	
Graduates (ANA ONLY)	\$45
First Year RN Graduates	\$68
LPN's, LVN's, Aides/Assistants	\$ 98
Registered Nurses*	\$ 98
Obstetrical RN's*(full time)	\$385
(part time)	\$193
<u>Self-Employed Nurses</u>	
Obstetrical Nurses*(full time)	\$880
(part time)	\$440
All Other Nurses	
(including LPN's/ LVN's, Aides, Assistants, Home Health & Staff Relief Sprvsrs)* (full time)	\$385
(part time)	\$193
<u>Employed Advanced Practice Nurses</u>	
Obstetrical**(full/part time)	\$1382
Psychiatric** (full time)	\$864
(part time)	\$432
Pediatric/Family Practice** (full time)	\$1123
(part time)	\$562
All Other** (full time)	\$605
(part time)	\$303
<u>Self-Employed Advanced Practice Nurses</u>	
Obstetrical**(full/part time)	\$1658
Psychiatric** (full time)	\$1037
(part time)	\$518
Pediatric/Family Practice** (full time)	\$1348
(part time)	\$674
All Other** (full time)	\$726
(part time)	\$364
 <u>Optional Coverages</u>	 <u>1M / 6M</u>
<u>General Liability</u>	
First Location	\$120
Each Addl. Location	\$ 50
<u>Additional Insureds</u>	
Prof. Liab. Only	\$125
General Liab. Only	\$ 25
Prof. & General Liab.	\$150

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**CHICAGO INSURANCE COMPANY
PROFESSIONAL LIABILITY RATE PAGES
Allied Health Occurrence Programs**

Optometrist Territory 1:

1M/3M

EMPLOYED	426
SELF-EMPLOYED full-time	511
SELF-EMPLOYED part-time	383
Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	

Optometrist Territory 2:

1M/3M

EMPLOYED	511
SELF-EMPLOYED full-time	613
SELF-EMPLOYED part-time	460
Colorado, Georgia, Illinois (<i>other than Cook County</i>), Massachusetts (<i>other than Norfolk and Suffolk Counties</i>), Michigan (<i>other than Wayne County</i>), Minnesota, Missouri, Nevada, New Jersey (<i>other than Camden, Hudson, Essex, Union, and Mercer Counties</i>), Pennsylvania (<i>other than Philadelphia County</i>), Texas (<i>other than Dallas and Harris Counties</i>)	

Optometrist Territory 3:

1M/3M

EMPLOYED	814
SELF-EMPLOYED full-time	977
SELF-EMPLOYED part-time	733
Illinois (<i>Cook County</i>), Louisiana, Massachusetts (<i>Norfolk and Suffolk Counties</i>), New Jersey (<i>Camden, Hudson, Essex, Union, and Mercer Counties</i>), Pennsylvania (<i>Philadelphia County</i>), Texas (<i>Dallas and Harris Counties</i>)	

Optometrist Territory 4:

1M/3M

EMPLOYED	1,435
SELF-EMPLOYED full-time	1,722
SELF-EMPLOYED part-time	1,292
Connecticut, District of Columbia, Michigan (<i>Wayne County</i>)	

*Please refer to exception rate pages for states not listed here.

Optometrist Territory 4:

1M/3M

ADDITIONAL INSURED PL (each)	156
GENERAL LIABILITY	120
First Location	50
Each Subsequent Location	

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**CHICAGO INSURANCE COMPANY
PROFESSIONAL LIABILITY RATE PAGES
Allied Health Occurrence Programs**

**Physical Therapists
Base Rates**

Professional Liability Premium		1M/3M
PHYSICAL THERAPIST		
Employed		182
Self-Employed		576
PHYSICAL THERAPY AIDE/ASSISTANT		
Employed/Employee		80
Self-Employed		270
EMPLOYEE OF A PHYSICAL THERAPY GROUP		375
INDEPENDENT CONTRACTORS		50

Optional Coverages		1M/3M
GENERAL LIABILITY (GL)		
First Location		120
Per Additional Location		50
ADDITIONAL INSURED		
Professional Liability Only		125
Professional Liability & General Liability		150

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**CHICAGO INSURANCE COMPANY
PROFESSIONAL LIABILITY RATE PAGES
Allied Health Occurrence Programs**

**Physicians Assistants
Professional Liability Base Rates**

Terr 1 - Entire State

	100K/300K	200K/600K	500K/1M	1M/3M
--	------------------	------------------	----------------	--------------

CLASS I	926	1,144	1,584	1,960
CLASS II	1,850	2,350	3,165	3,919
CLASS III	2,220	2,820	3,798	4,703
CLASS IV	72	96	N/A	151

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**CHICAGO INSURANCE COMPANY
PROFESSIONAL LIABILITY RATE PAGES
Allied Health Occurrence Programs**

**Respiratory Therapists & Rehabilitation Therapists
Base Rates**

Professional Liability	<u>1M/6M</u>
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT	
Employed/Employee	158
Self-employed Full-time	450
Self-employed Part-time	226
RESPIRATORY THERAPIST	
Employed/Employee	92
Self-employed Full-time	350
Self-employed Part-time	210

Optional Coverages	<u>1M/6M</u>
ADDITIONAL INSURED PL (each)	172
GENERAL LIABILITY	
First Location	132
Each Subsequent Location	55

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Educators
Professional Liability
Rates

The following rates apply per educator:

<u>LIMITS</u>	<u>RATES</u>
\$500,000 / \$500,000	\$75
\$1,000,000 / \$1,000,000	\$125

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Interior Designers
Professional Liability
Rates

All of the following rates contemplate a \$500 deductible.

<u>Limits</u> Per Claim/Aggregate	<u>Without Prior Acts</u>	<u>With Prior Acts</u>	<u>Minimum Premium</u>
\$100,000 /\$300,000	\$297	\$349	\$662
\$250,000 /\$250,000	\$362	\$426	\$844
\$500,000 / \$500,000	\$415	\$488	\$993
\$1,000,000 / \$1,000,000	\$458	\$537	\$1,103
\$2,000,000 / \$2,000,000	\$525	\$617	\$1,269
\$2,000,000 / \$4,000,000	\$545	\$639	\$1,313

A 5% credit is applied for NCIDQ Certifications.

Additional Coverage Extensions

Limited Architectural Services	55% debit
Dealers Representative Coverage	15% debit
Limited Architectural Services & Dealers Representative Coverage	70% debit

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FEB 01 2010

Physicists in Medicine
Professional Liability
Rates

Employed / Non-Consulting

Territory 1: Alaska, Arizona, California, Colorado, Florida, Hawaii, Illinois, Louisiana, Nevada, Texas

Territory 2: Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, Wisconsin, Wyoming

Territory 3: Kansas, Missouri, Montana, Nebraska, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Vermont, Virginia, West Virginia

<u>Rates</u>	<u>\$100,000 / \$300,000</u>	<u>\$200,000 / \$200,000</u>	<u>\$500,000 / \$500,000</u>	<u>\$1,000,000 / \$3,000,000</u>	<u>\$2,000,000 / \$4,000,000</u>
Territory 1:	\$325	\$348	\$426	\$530	\$620
Territory 2:	\$260	\$278	\$341	\$242	\$496
Territory 3:	\$195	\$209	\$256	\$318	\$372

Step Factors (Applied to the above mature Claims-Made rates)

No Prior Acts	0.60
1 Year Prior Acts	0.80
2 Years Prior Acts	0.90
3 Years Prior Acts	0.95
4+ Years Prior Acts	1.00

(For purpose of applying the above factor, the nearest whole year will apply. . .i.e., 1 year, 8 months of Prior Acts coverage, a factor of .90 applies.)

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FEB 01 2010

Physicists in Medicine
Professional Liability
Rates

Full-Time / Part-Time Consulting

- Territory 1: Alaska, Arizona, California, Colorado, Florida, Hawaii, Illinois, Louisiana, Nevada, Texas
- Territory 2: Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, Wisconsin, Wyoming
- Territory 3: Kansas, Missouri, Montana, Nebraska, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Vermont, Virginia, West Virginia

Self-Employed / Consulting

<u>Rates</u>	<u>\$100,000 / \$300,000</u>	<u>\$200,000 / \$200,000</u>	<u>\$500,000 / \$500,000</u>	<u>\$1,000,000 / \$3,000,000</u>	<u>\$2,000,000 / \$4,000,000</u>
Territory 1:	\$618	\$661	\$809	\$1,007	\$1,178
Territory 2:	\$494	\$528	\$647	\$806	\$943
Territory 3:	\$371	\$396	\$485	\$604	\$707

Physicist Employees

<u>Rates</u>	<u>\$100,000 / \$300,000</u>	<u>\$200,000 / \$200,000</u>	<u>\$500,000 / \$500,000</u>	<u>\$1,000,000 / \$3,000,000</u>	<u>\$2,000,000 / \$4,000,000</u>
Territory 1:	\$325	\$348	\$426	\$530	\$620
Territory 2:	\$260	\$278	\$341	\$424	\$496
Territory 3:	\$195	\$209	\$256	\$318	\$372

Other Professional Employees - Dosimetrists and Physics Assistants

<u>Rates</u>	<u>\$100,000 / \$300,000</u>	<u>\$200,000 / \$200,000</u>	<u>\$500,000 / \$500,000</u>	<u>\$1,000,000 / \$3,000,000</u>	<u>\$2,000,000 / \$4,000,000</u>
All Territories	\$49	\$56	\$60	\$65	\$76

Step Factors (Applied to the above mature Claims-Made rates)

No Prior Acts	0.60
1 Year Prior Acts	0.80
2 Years Prior Acts	0.90
3 Years Prior Acts	0.95
4+ Years Prior Acts	1.00

(For purpose of applying the above factor, the nearest whole year will apply. . . i.e., 1 year, 8 months of Prior Acts coverage, a factor of .90 applies.)

Shielding Design Property Damage Liability - Flat Charge

<u>Limit</u>	<u>Premium</u>
\$50,000	\$200
\$100,000	\$250

Additional Insureds - Flat Charge

<u>Rates</u>	<u>\$100,000 / \$300,000</u>	<u>\$200,000 / \$200,000</u>	<u>\$500,000 / \$500,000</u>	<u>\$1,000,000 / \$3,000,000</u>	<u>\$2,000,000 / \$4,000,000</u>
Each	\$103	\$110	\$129	\$156	n/a

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RATES & RULES GUIDE**

RATING GUIDELINES

Note: See “Chapters and Mini – APLI Rate Schedule” for qualifying risks.

The rating calculation for all other Association Professional risks is as follows:

1. Determine applicable class (see Activities Classifications list).
2. Determine Base Premium based on Class (see above), Total Revenues and Coverage Option (see Rate Schedule).
3. Determine total Program Adjustment credit or debit factor (see Program Adjustments Schedule). Add all applicable debits/credits, and convert to a factor for the total Program Adjustment factor.
4. Determine total Individual Risk Modification credit or debit factor (see IRM Schedule). Add all applicable debits/credits, and convert to a factor for the total Individual Risk Modification factor.
5. Determine Claims Experience Modification credit or debit factor (see Claims Experience Modification Schedule).
6. Multiply items 3, 4 and 5 to determine the Total Modification Factor.
7. Multiply Base Premium (from item 2) by the Total Modification Factor (from item 6) to determine Adjusted Base Premium.
8. Multiply Adjusted Base Premium by the applicable Increase Limit Factor (see Increase Limit Factor Schedule).
9. Multiply Premium from item 8 by the Deductible Factor (see Deductible Factor Schedule) to determine the final premium.

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**ASSOCIATION
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Activities/Classifications

Class I

Arts/Cultural
Individual Churches
Diocese Churches
Foundations – Grant Making
Foundations – Federally Funded
Charitable Foundations
Fund Raising
Alcohol/Drug Prevention
Neighborhood Organizations
Historical Societies
Chambers of Commerce
Sports (Little) Leagues
Fraternal/Social Clubs
Museums
YMCA's
Youth/Elderly Services
Scouting
Libraries
Convention & Visitors Bureaus

Class II

Private Schools
Country/Golf Clubs
Local Trade Association
Day Care Centers
Economic Development Corp.
Private Industry Councils
Joint Apprentice Training
Elderly/Disabled Housing
HUD Supported Housing
Water/Electric Co-Ops
Professional Societies (Educational)

Class III

Nursing Homes
Orphanages
Clinics
Blood Banks
Residential Facilities
Boarding Schools
Mental Health Treatment
Real Estate Boards
Local Bar Associations
Medical Associations

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RATES & RULES GUIDE**

BASE PREMIUM SCHEDULE

Total Revenues	Coverage	Base Premium			Minimum Deductibles
		Class I	Class II	Class III	
\$1 - \$500,000	NO	\$1,506	\$2,259	\$3,012	\$2,500
"	WT	\$2,510	\$3,765	\$5,020	
"	EPLI	\$2,887	\$4,330	\$5,773	
\$500,001 - \$3,500,000	NO	\$2,101	\$3,152	\$4,202	\$2,500
"	WT	\$3,502	\$5,253	\$7,004	
"	EPLI	\$4,027	\$6,041	\$8,055	
\$3,500,001 - \$8,000,000	NO	\$3,736	\$5,602	\$7,471	\$5,000
"	WT	\$6,226	\$9,336	\$12,452	
"	EPLI	\$7,160	\$10,736	\$14,320	
\$8,000,001 - \$14,000,000	NO	\$7,072	\$10,607	\$14,143	\$5,000
"	WT	\$11,786	\$17,679	\$23,572	
"	EPLI	\$13,554	\$20,331	\$27,108	
\$14,000,001 - \$20,000,000	NO	\$11,737	\$17,610	\$23,473	\$10,000
"	WT	\$19,561	\$29,350	\$39,122	
"	EPLI	\$22,495	\$33,753	\$44,990	
\$20,000,001 and over		Submit to Company			

NO = No Employment Practices or Wrongful Termination Coverage

WT = Wrongful Termination Coverage Only

EPLI = Employment Practices Coverage (as defined by policy)

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PROGRAM ADJUSTMENTS

Reason	Debit	Credit
In-house sexual harassment seminar within past 12 months		2%
Employee handbook (Includes defined sexual harassment policy)		2%
Full-time human resources person		2%
None of the above	10%	
Certification of members/products/services *	25%	
Political action involvement, legislative and regulatory activity *	20%	
Peer review involvement **	10%	
Scope of operations (A) Local (B) State (C) Regional (D) National (E) International	0% 3% 3% 5% 7%	
For-profit subsidiaries (subject to Underwriting Guidelines and Company underwriter's approval)	50% (added to Association Professional Liability total premium)	

*When involved in more than one of the above activities, total debits will not exceed 50%.

**To be used only when the consequence of a peer review expulsion would be a loss of income.

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RATES & RULES GUIDE**

INDIVIDUAL RISK MODIFICATION RANGE

Individual Risk Modification Plan

The association's basic limits premium shall be modified, subject to a maximum modification of **40% credit** or **40% debit**, to reflect such characteristics of the exposure to be insured that are not otherwise reflected in its rate. The modification factor to be applied will be the sum of the applicable credits or debits.

Apply the applicable factor for all associations with the following classifications as follows.

Classification	Range	
	Credit	Debit
Unusual Risk Conditions Unique conditions of exposure not usual to association characteristics outlined in the Program Adjustments Schedule.	25%	25%
Financial Condition Growth or decline for three consecutive years in the Fund Balance.	25%	25%

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ASSOCIATION PROFESSIONAL LIABILITY RATES & RULES GUIDE

CLAIMS EXPERIENCE MODIFICATION SCHEDULE

Claims Surcharge

An additional charge for loss/claims experience shall be applied as follows based on claims reported in the past five (5) years. For purposes of the additional charge, claims will only be considered "claims" if:

- Loss and/or expense payments have been made in the amount of more than \$1,000; or
- An insurance company has created a claim file and carries an open reserve of more than \$1,000.

When a loss has been declared, and after inquiry the claim reserve remains unknown, 5% of the demand amount may be used as the best approximation of the claim value.

Each factor will be multiplied in sequence (a x b x c) and the result rounded to the nearest whole percentage to develop the additional charge.

Table A Debit (Credit) – Total Revenues						
Number of Claims	Level A	Level B	Level C	Level D	Level E	Level F
0	(.35)	(.50)	(.65)	(.75)	(.85)	(1.25)
1	1.00	.50	0	(.50)	(.75)	(1.00)
2	2.00	1.00	.50	0	(.25)	(.75)
3	2.50	2.00	1.05	.50	0	(.25)
4	3.00	2.50	1.50	1.00	.50	0
5	Consent to Rate form will be completed.					

Level A: \$1 - \$500,000

Level B: \$500,001 - \$3,500,000

Level C: \$3,500,001 - \$8,000,000

Level D: \$8,000,001 - \$14,000,000

Level E: \$14,000,001 - \$20,000,000

Level F: \$20,000,001 and over

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**CLAIMS EXPERIENCE
MODIFICATION SCHEDULE
(CONTINUED)**

If Table A indicates a debit (positive), multiply the factor from Table A by the factors specified in Table B.1 and Table C.1 as "debit." If Table A indicates a credit (negative), multiply the factor from Table A by the factors specified in Table B.2 and Table C.2. If Table A indicates a "0," no debit or credit will apply.

Refer any account with more than four (4) claims or combined claims with a total payment and/or reserve exceeding \$50,000. (Please refer to the Definition of Claim.)

Table B Years Since Claims Were Made If there are multiple claims, average all of them and round up for .5 and over and round down if below .5.			
1. (Debit)		2. (Credit)	
1 year	1.00	1 year	.80
2 years	.95	2 years	.85
3 years	.90	3 years	.90
4 years	.85	4 years	.95
5 years	.80	5 years or more without a claim	1.00

Table C Total Amount of All Claims (Indemnity and Expense)			
1. (Debit)		2. (Credit)	
\$1,501 – \$15,000	6	\$0 - \$10,000	15
\$15,001 – \$25,000	10	\$10,001 – \$25,000	12
\$25,001 – \$35,000	14	\$25,001 – \$50,000	8
\$35,001 – \$45,000	18	\$50,001 – \$65,000	4
\$45,001 – \$60,000	21		
\$60,001 – \$80,000	24		
\$80,001 – \$100,000	27		

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**ASSOCIATION
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RATES & RULES GUIDE**

INCREASE LIMIT & DEDUCTIBLE FACTORS

1. Increase Limit Factors

Limit of Liability	ILF
\$1,000,000 per claim / \$1,000,000 aggregate	1.00
\$1,000,000 per claim / \$2,000,000 aggregate	1.04
\$1,000,000 per claim / \$3,000,000 aggregate	1.08
\$1,000,000 per claim / \$4,000,000 aggregate	1.12
\$1,000,000 per claim / \$5,000,000 aggregate	1.16
\$2,000,000 per claim / \$2,000,000 aggregate	1.17
\$2,000,000 per claim / \$4,000,000 aggregate	1.21

2. Deductible Factors

Deductible Applicable to Loss and Claims Expense	
Deductible	Factor
\$ 1,000	1.05
\$ 2,500	1.00
\$ 5,000	.95
\$ 10,000	.90
\$ 15,000	.85
\$ 20,000	.825
\$ 25,000	.80

3. Loss Only Deductible

Multiply the premium derived under item 2 by the factor for the deductible chosen:

Deductible	Surcharge
\$ 1,000	1.075
\$ 2,500	1.100
\$ 5,000	1.125
\$ 10,000	1.150
\$ 15,000	1.160
\$ 20,000	1.170
\$ 25,000	1.180

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4. Claims Expense Outside the Limit

The policy form POJ-2035 specifies that claims expense is included within the limit of liability on the policy.

If the insured pays an additional charge of 10%, the policy will be amended so that claims expenses are in addition to the limits of liability. A separate and equal limit of liability will apply to claims expense for any covered claim under the policy. POE-2280 Claims Expense in Addition to Policy Limit-Loss and Defense Deductible will be attached to the policy.

There is another option for claims expenses outside the limit, which is for a loss only deductible. The deductible would not be applied to claims expense with this option. A separate and equal limit of liability will apply to claims expense for any covered claim under the policy. The 10% surcharge for claims expenses outside the limits applies. There is also a deductible surcharge for the loss only deductible. See item 3 above. POE-2284 Claims Expense in Addition to Policy Limit-loss Only Deductible would be attached to the policy with this selection.

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CHAPTERS AND MINI-APLI RATE SCHEDULE

1. Multiple Chapters under single aggregate limit of liability (mandatory and voluntary participants).

\$150 per chapter (with No Employment Practices Related Coverage)
\$250 per chapter (with Wrongful Termination Coverage only)
\$290 per chapter (with Employment Practices Coverage)
Classes 01 & 02 only

2. Mini-APLI Program (Wrongful Termination Coverage)

Class 01 and Professional Societies (Educational)

Annual Revenues	Limit Option	
	\$250,000 / \$250,000	\$1,000,000 / \$1,000,000
\$1,000 - \$25,000	\$600	\$900
\$25,001 - \$50,000	\$750	\$1,125
\$50,001 - \$100,000	\$900	\$1,350
\$100,001 - \$150,000	\$1,050	\$1,600
\$150,001 - \$200,000	\$1,200	\$1,800
\$200,001 - \$300,000	\$1,400	\$2,100
Over \$300,000, rate at standard program.		
Standard Deductible = \$2,500.		

Note: Premiums are based on no claims or incidents.

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**ASSOCIATION
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FIDUCIARY COVERAGE

We can provide Fiduciary Coverage under an Association policy at an insured's request. We will only provide this coverage as a sublimit of the entire policy limits.

We need to know the name of each plan, plan type, fund status, asset value, annual contributions, number of participants and the plan status for each plan (see below for options).

<u>Plan Type</u>	<u>Fund Status</u>	<u>Plan Status</u>
Defined Benefit	Trust	Active
Defined Contribution	Trust & Insurance	Frozen
Welfare Benefit	Insurance	Merged**
Other – Obtain Explanation	Funded exclusively from general assets of the sponsor	Terminated**
	Funded Partially from insurance & partially from assets of sponsor	Sold (spun-off)**

Course of Action

1. We will attach a sub-limit of liability for Fiduciary coverage of \$250,000 each claim / \$500,000 aggregate to the limit of liability on the Declarations page.
2. We will specifically exclude the investment advisors they use.
3. A 20% surcharge applies.

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ASSOCIATION MANAGEMENT COMPANY INSURANCE PROGRAM

Those new business applicants who are members of the AMCI Program and qualify for coverage may be offered the following pricing for \$1M/\$1M in limits.

Revenue Band	Rate
\$1-\$25,000	\$900
\$25,001-\$50,000	\$900
\$50,001-\$100,000	\$900
\$100,001- \$200,000	\$1125
\$200,001- \$300,000	\$1125
\$300,001- \$500,000	\$1450
\$500,001 - \$1,000,000	\$1800
\$1,000,001 - \$2,000,000	\$2100
\$2,000,001 - \$3,500,000	\$2700
\$3,500,001 - \$5,000,000	\$2800
\$5,000,000 - \$7,000,000	\$3500
\$7,000,001 - \$10,000,000	Refer to Company
\$10,000,001 +	Refer to Company

POE-2302 (04/97) Association Management Company Amendatory Endorsement should be applied to all policies.

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Court Reporters
Professional Liability
Rate and Rule Pages

SECTION A: Freelance Reporting Firms, Independent Contractors and
Freelance Reporters with revenues under \$100,000.

ANNUAL PREMIUM

GROSS REVENUES	\$250,000 / \$250,000	\$500,000 / \$500,000	\$1,000,000 / \$1,000,000	\$1,000,000 / \$2,000,000	\$1,000,000 / \$3,000,000
\$0-\$12,000	\$34	\$43	\$65	\$70	\$73
\$12,001-\$20,000	\$50	\$65	\$97	\$104	\$109
\$20,001-\$30,000	\$76	\$94	\$140	\$150	\$157
\$30,001-\$40,000	\$114	\$130	\$194	\$208	\$218
\$40,001-\$50,000	\$131	\$166	\$248	\$266	\$278
\$50,001-\$60,000	\$150	\$202	\$302	\$323	\$338
\$60,001-\$70,000	\$173	\$238	\$356	\$382	\$399
\$70,001-\$80,000	\$199	\$274	\$410	\$439	\$460
\$80,001-\$90,000	\$229	\$310	\$464	\$497	\$520
\$90,001-\$100,000	\$264	\$346	\$518	\$554	\$581

Increased Limit Factors:

\$2M/\$2M = Final 1M/1M rates x 1.21

\$2M/\$4M = Final 1M/1M rates x 1.25

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Court Reporters
Professional Liability
Rate and Rule Pages

SECTION B: Freelance Reporting Firms, Independent Contractors and
Freelance Reporters with revenues greater than \$100,000.

NOTE: Total annual premium for risks with revenues greater than \$100,000 will equal the total
for sections (1), (2), (3) and (4) base rate x (5) increase limit factor.

GROSS REVENUES	Section (1)		
	\$250,000 / \$250,000	\$500,000 / \$500,000	\$1,000,000 / \$1,000,000
\$0 - \$200,000	\$240 - \$480 (.24 per \$100 of revenue)	\$360 - \$720 (.36 per \$100 of revenue)	\$540 - \$1,080 (.54 per \$100 of revenue)
Section (2)			
	\$250,000 / \$250,000	\$500,000 / \$500,000	\$1,000,000 / \$1,000,000
\$200,001 - \$300,000	\$.01 - \$192 (.192 per \$100 of revenue)	\$.01 - \$288 (.288 per \$100 of revenue)	\$.01 - \$432 (.432 per \$100 of revenue)
Section (3)			
	\$250,000 / \$250,000	\$500,000 / \$500,000	\$1,000,000 / \$1,000,000
\$300,001 - \$400,000	\$.01 - \$144 (.144 per \$100 of revenue)	\$.01 - \$216 (.216 per \$100 of revenue)	\$.01 - \$324 (.324 per \$100 of revenue)
Section (4)			
	\$250,000 / \$250,000	\$500,000 / \$500,000	\$1,000,000 / \$1,000,000
\$400,001+ Revenue	Sections 1 + 2 + 3 + (.096 per \$100 of revenue)	Sections 1 + 2 + 3 + (.144 per \$100 of revenue)	Sections 1 + 2 + 3 + (.216 per \$100 of revenue)
Section (5)			

Increase Limits Factors:

1M/2M = Final 1M/1M rates x 1.07
1M/3M = Final 1M/1M rates x 1.12
2M/2M = Final 1M/1M rates x 1.21
2M/4M = Final 1M/1M rates x 1.25

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Court Reporters
Professional Liability
Rate and Rule Pages

SECTION C: Official Court Reporters

The annual premium for official court reporters that do not freelance or receive income from the sales of transcript is:

\$250,000 / \$250,000	\$500,000 / \$500,000	\$1,000,000 / \$1,000,000	\$1,000,000 / \$2,000,000	\$1,000,000 / \$3,000,000
\$97	\$122	\$184	\$196	\$206

If the official court reporter is also engaged in freelance and/or sells transcripts, use the following schedule:

ADDITIONAL REVENUES	\$250,000 / \$250,000	\$500,000 / \$500,000	\$1,000,000 / \$1,000,000	\$1,000,000 / \$2,000,000	\$1,000,000 / \$3,000,000
Up to \$10,000	\$114	\$144	\$216	\$231	\$242
\$10,001 - \$15,000	\$130	\$164	\$246	\$263	\$276
Over \$15,000	\$160	\$202	\$302	\$323	\$338

Increased Limit Factors:

\$2M/\$2M = Final 1M/1M rates x 1.21

\$2M/\$4M = Final 1M/1M rates x 1.25

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Court Reporters
Professional Liability
Rate and Rule Pages

SCHEDULE OF DEBITS/CREDITS

REASON	CREDIT				
Freelance reporting firms, independent contractors and freelance reporters with revenues greater than \$100,000:	15%				
Independent Contractors added to a freelance reporting firms policy:					
Additional Premium Per Independent Contractor	<u>\$250,000 / \$250,000</u>	<u>\$500,000 / \$500,000</u>	<u>\$1,000,000 / \$1,000,000</u>	<u>\$1,000,000 / \$2,000,000</u>	<u>\$1,000,000 / \$3,000,000</u>
	\$52	\$65	\$97	\$104	\$109
If firm provides official ship services on a regular basis:					
Additional Premium	<u>\$250,000 / \$250,000</u>	<u>\$500,000 / \$500,000</u>	<u>\$1,000,000 / \$1,000,000</u>	<u>\$1,000,000 / \$2,000,000</u>	<u>\$1,000,000 / \$3,000,000</u>
	\$97	\$122	\$184	\$196	\$206
Increased Limit Factors:					
\$2M/\$2M = Final 1M/1M rates x 1.21					
\$2M/\$4M = Final 1M/1M rates x 1.25					

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Allied Health Professionals
Rating Rule Manual

1. Application:

This manual contains the rating rules for all individual and groups of Allied Health Professionals in the Allied Health Occurrence Programs other than the following classes: Physical Therapists, Optometrists, Dental Hygienists, Dieticians & Nutritionists, Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists, Students (both Individual & Blanket), Nurses, Physician Assistants, & Audiology/Speech Pathology Professionals.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Allied Health Professionals
Rating Rule Manual

6. Exposure Reduction:

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a) Newly Graduating Professionals:

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Occupational Therapist

Pharmacists

b) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as Self-employed Part-time.

The lowest rate given by a) or b) above applies.

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals of that classification. The sum of these products is the total professional liability premium.

8. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, r_1 , is the first location rate, r_2 , is the additional location rate, and n is the total number of locations.

9. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Allied Health Professionals
Rating Rule Manual

10. Policy Premium:

The sum of the premiums developed by rules: 5, 6, 7, 8 and 9 above is the policy premium.

11. Group Size:

Practices which insure more than one ratable professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

Note: The Group Size credit does not apply to Occupational Therapists

12. Risk Management Education:

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

Note: the Risk Management Education credit for Pharmacists, if applicable, is always 10%.

13. Additional Limits:

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Audiology/Speech Pathology Professionals
Rating Rule Manual

1. Application:

This manual contains the rating rules for all Audiology/Speech Pathology Professionals in this program.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The actual rates for every limit offered are displayed on the Audiology/Speech Pathology Professionals Rate Page.

6. Additional Professional Education:

The following rate reductions recognize the value of certified continuing education for Audiology & Speech Pathology Professionals:

a) Reduced rates apply to professionals who have qualified for the Award for Continuing Education (ACE). The professional liability rate for such professionals shall be 90% of the rate shown on the rate page;

b) Reduced rates apply to professionals who have qualified for the Certificate of Clinical Competence (CCC). The professional liability rate for such professionals shall be 95% of the rate shown on the rate page.

If the professional qualifies for both a) and b), the rate shall be 85% of the professional liability rate shown on the rate page.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Audiology/Speech Pathology Professionals
Rating Rule Manual

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals of that classification. The sum of these products is the total professional liability premium.

8. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

9. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. Policy Premium:

The sum of the premiums developed by rules: 5, 6, 7, 8 and 9 is the policy premium.

11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

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FEB 01 2010

CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Dental Hygiene Professionals
Rating Rule Manual

1. Application:

This manual contains the rating rules for all Dental Hygienists & Assistants in this program.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The actual rates for every limit offered are displayed on the Dental Hygiene Professionals Rate Page.

6. Exposure Reduction:

Reduced rates apply to professionals engaged in practices that reduce the risk of loss.

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week.

These rates are shown on the rate page as part-time employed.

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals of that classification. The sum of these products is the total professional liability premium.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Dental Hygiene Professionals
Rating Rule Manual

8. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

9. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. Policy Premium:

The sum of the premiums developed by rules: 5, 6, 7, 8 and 9 above is the policy premium.

11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

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FEB 01 2010

CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Dieticians & Nutritionists
Rating Rule Manual

1. Application:

This manual contains the rating rules for all individual and groups of Dieticians & Nutritionists in the Allied Health Occurrence Programs.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The actual rates for every limit offered are displayed on the Dieticians & Nutritionists Rate Page.

6. Exposure Reduction:

Reduced rates apply to Dieticians or Nutritionists engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a) Newly Graduating Professionals:

New graduate rates apply to Dieticians or Nutritionists who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

b) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as Self-employed Part-time.

The lowest rate given by a) or b) above applies.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Dieticians & Nutritionists
Rating Rule Manual

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals of that classification. The sum of these products is the total professional liability premium.

8. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

9. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. Policy Premium:

The sum of the premiums developed by rules: 5, 6, 7, 8 and 9 above is the policy premium.

11. Group Size:

Practices which insure more than one ratable professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Dietitians & Nutritionists
Rating Rule Manual

12. Risk Management Education:

. Dietitians & Nutritionists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

13. Additional Limits:

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

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**CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Mental Health Specialists
Rating Rule Manual**

1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability insurance for professional counselors, psychologists and social workers.

2. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. PART-TIME PRACTICE

A part-time rate will apply to self-employed professionals or rateable members of a group who work 20 hours or less per week. The part-time rate is 65% of the full-time rate and applies to each qualified individual.

6. NEW PRACTITIONER

The rate for professionals who begin working in their profession upon completion of their schooling will be 75% of the applicable professional rate.

7. SIZE OF FIRM

If the named insured is a group, corporation or self-employed with employees, a premium credit may be applied to the developed premium, subject to the following:

<u>Number of rateable Owners & Employees</u>	<u>Premium Credit</u>
1 - 2	0%
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 20	10%
Over 20	Refer

8. RISK MANAGEMENT

A credit will apply for the attendance at a Risk Management Workshop or risk management self-study course that is approved by the Company. The credit is 10% of the professional liability premium and is applied for a period of two years. For groups, at least half of the professional members must have participated in risk management within the previous sixteen months to qualify for this credit.

A one-time credit of 10% will be applied for an applicant who has completed and passed the National Board Certified Counselor examination.

At no time will the total risk management credit for any policy exceed 10%.

9. GROUP, PARTNERSHIP OR CORPORATION

A charge will apply to all groups, partnerships or corporations if not all of its owners, partners, or officers are insured under the entity's policy. The charge is 10% of the developed premium that would apply as a CIC insured for those individuals not insured under the entity's policy.

11. INCREASED LIMIT OF LIABILITY

The factor of 0.17 is applied to the appropriate \$1,000,000 per occurrence or incident, \$3,000,000 aggregate to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

12. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%.

- a. Loss Control/Risk Management range -25% to 0
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the rateable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

13. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

14. OPTIONAL COVERAGES

The following optional coverages are only available to insureds who are groups or self-employed. The limit of the optional coverage must equal the professional liability limit.

<u>Coverages</u>	<u>Limit Options</u>				
	<u>200k/200k</u>	<u>500k/500k</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>2M/4M</u>
General Liability					
First Location	98	116	130	132	154
Each Subsequent Location	40	46	52	53	62
Additional Insured PL					
First Additional Insured	80	94	107	113	132
Each Subsequent Insured	21	23	26	29	34

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

CHICAGO INSURANCE COMPANY
RATING RULES – NURSES PROGRAM

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. Modification Schedule:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured’s practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

Experience Factor:	
Non-renewed within past 10 years	+50% to -50%
Claims Experience	+50% to -50%
Licensing Board Experience	+50% to -50%
Quality Management:	+50% to -50%
Loss Control/Risk Management Education	
Ethical or Moral Standing	
Number of years in business	
Multiple Medical Professions	
Location:	+50% to -50%
Nursing Home	
Hospital	
Free Standing Clinic	
Home Health Care	
Multiple Locations	

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CHICAGO INSURANCE COMPANY
RATING RULES – NURSES PROGRAM

Area of Practice:	+50% to -50%
Wellness	
Direct Patient Care	
Case Management	
Alternative Procedures	
Cosmetic Procedures	

A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.

7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

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CHICAGO INSURANCE COMPANY
RATING RULES – NURSES PROGRAM

10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.
12. Professional Liability Premium:
Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.
13. General Liability Premium:
Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:
$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.
14. Additional Insured Premium:
Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

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FEB 01 2010

CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Optometrists
Rating Rule Manual

1. Application:

This manual contains the rating rules for all individual and groups of Optometrists in this program.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Optometrists
Rating Rule Manual

6. Exposure Reduction:

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 25% of the rate shown on the rate page.

Classes

Optometrists

b) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as Self-employed Part-time.

The lowest rate given by a) or b) above applies.

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals of that classification. The sum of these products is the total professional liability premium.

8. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

9. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Optometrists
Rating Rule Manual

10. Policy Premium:

The sum of the premiums developed by rules: 5, 6, 7, 8 and 9 above is the policy premium.

11. Group Size:

Practices which insure more than one ratable professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. Risk Management Education:

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. Additional Insurance:

Premium is reduced for self-employed Optometrists obtaining office package insurance coverage from FFIC. The premium for such policies is 84% of the policy premium.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Physician Assistants
Rating Rule Manual

1. Application:

This manual contains the rating rules for all individual Physician Assistants in this program.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Definition of Rating Classes:

Class I

A Physician Assistant who performs tasks ordinarily reserved for a Physician who works under the direction and supervision of a qualified licensed physician to assist that physician in the diagnostic management of patients.

Class II

A Physician Assistant who is involved in any of the following:

- Assisting in surgery – Any exposure to an operating room other than for observation with GP/FP or General Surgeon.
- Assist in anesthesiology.
- Any exposure to Trauma/Emergency Room procedures or responsibilities thereof (10 hours or less per week).
- OB exposure limited to prenatal or postnatal care.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Physician Assistants
Rating Rule Manual

Class III

A Physician Assistant who is involved in any of the following:

- Assisting in surgery – Any exposure to operating room other than for observation with an Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon, and/or Plastic Surgeon.
- Any exposure to Trauma/Emergency Room procedures or responsibilities thereof (more than 10 hours per week).
- Exposure to OB including delivery room responsibilities.
- Exposure to cardiac catheterization lab.

Class IV

Any Student enrolled in an accredited Physician Assistant educational program.

6. Decreased or Increased Limits:

The actual rates for every limit offered are displayed on the Physicians Assistants Rate Page.

7. Calculation of Professional Liability Exposures:

Part-time rate is defined for an individual professional as being 20 hours or less per week. Full-time is defined as activity comprising more than 20 hours per week. The rate for such part-time professionals shall be 50% of the rate shown on the rate page. The annual professional liability premium will not be less than \$100.

8. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals of that classification.

9. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Physician Assistants
Rating Rule Manual

10. Policy Premium:

The sum of the premiums developed by rules: 6, 7, 8 and 9 above is the policy premium.

11. Modification Schedule:

Hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

12. Loss Control/Risk Management Education: **Range: 0% to -25%**

A Physician Assistant is eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the total premium.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Physical Therapists
Rating Rule Manual

1. Application:

This manual contains the rating rules for all individual Physical Therapists (including Physical Therapy Assistants) and to groups of Physical Therapists in this program.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the
\$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals of that classification. The sum of these products is the total professional liability premium.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Physical Therapists
Rating Rule Manual

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Policy Premium:

The sum of the premiums developed by rules: 5, 6, 7, 8 and 9 above is the policy premium.

11. Modification Schedule:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

10a. Loss Control/Risk Management Education: Range of 0% to -25%

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%

Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Physical Therapists
Rating Rule Manual

12. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

13. Groups:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Respiratory Therapists & Rehabilitation Therapists
Rating Rule Manual

1. Application:

This manual contains the rating rules for all individual and groups of Respiratory Therapists and Rehabilitation Counselors, Therapists, & Assistants in this program.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$6,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

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CHICAGO INSURANCE COMPANY
ALLIED HEALTH OCCURRENCE PROGRAMS
Respiratory Therapists & Rehabilitation Therapists
Rating Rule Manual

6. Exposure Reduction:

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Respiratory Therapist

b) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as Self-employed Part-time.

The lowest rate given by a) or b) above applies.

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals of that classification. The sum of these products is the total professional liability premium.

8. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, r_1 , is the first location rate, r_2 , is the additional location rate, and n is the total number of locations.

9. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

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Respiratory Therapists & Rehabilitation Therapists
Rating Rule Manual

10. Policy Premium:

The sum of the premiums developed by rules: 5, 6, 7, 8 and 9 above is the policy premium.

11. Group Size:

Practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. Risk Management Education:

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$6M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

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**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Student Blanket
Rating Rule Pages**

1. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
2. All student specialties, eligible for this program, use the rates below; (except those indicated as Class II):

Class I Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000/\$200,000	\$11.00
\$500,000/\$500,000	\$13.00
\$1,000,000/\$1,000,000	\$13.50
\$1,000,000/\$3,000,000	\$14.50
\$2,000,000/\$4,000,000	\$17.00

The rates for the student specialties of circulation technician, emergency medical technician, paramedic, physician/surgeon assistant and nurse practitioner, are as follows;

Class II Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000/\$200,000	\$43.00
\$500,000/\$500,000	\$50.00
\$1,000,000/\$1,000,000	\$58.00
\$1,000,000/\$3,000,000	\$61.00
\$2,000,000/\$4,000,000	\$71.00

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

3. **Modification Schedule**

Hazards vary with institution type, organization, professional disciplines taught, loss prevention activities, etc. To recognize the factors unique to the institution, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus 10% or minus 40%.

A. **Faculty Management (-10% to +0%)**

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

Criteria: Percentage of faculty members with one year or less tenure with the institution.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 10%	0%
6% - 10%	-5%
Less than 6%	-10%

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**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Student Blanket

Rating Rule Pages

B. Faculty Tenure (-10% to +0%)

The institution maintains an experienced and stable faculty through ongoing programs and employee practices.

Criteria: Average tenure of the faculty.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 20 years	-10%
16 – 20 years	-5%
Less than 16 years	0%

C. Continuing Education (-10% to +0%)

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

Criteria: Percentage of the institution's faculty engaged in continuing professional education.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 85%	-10%
70% - 85%	-5%
Less than 70%	0%

D. Loss Experience (-10% to +10%)

The institution has an excellent history of controlling losses.

Criteria: Loss experience as defined below.

<u>Experience</u>	<u>Modifier</u>
No losses in 36 or more months	-10%
No losses within a 12-24 month period	-5%
One loss of \$5,000 within the past 12 months	+5%
One or more losses in excess of \$5,000 in the past 24 months	+10%

For the purposes of this modification a loss is considered to be any situation that an insurance company has made payment or maintains a reserve upon.

E. Risk Management Education (-10% to +0%)

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice.

Criteria: The length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

<u>Number of Years</u>	<u>Modifier</u>
More than three years	-10%
1 – 3 years	-5%
Less than one year or non-existent	0%

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**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Student Blanket

Rating Rule Pages

4. The addition of the educational institution, as an insured, carries an additional premium charge of 25% of the policy premium. When this addition is made, the minimum policy premium is \$500.
5. All policies are auditable at expiration. Multi-year policies, when estimated premiums are not paid at the policy's inception, are also auditable annually.
6. Biannual premiums are 194 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.
7. Triennial premiums are 280 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.

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**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Student Blanket
Rating Rule Pages**

Class I Specialties

'Student/Graduate' Art Therapist
'Student/Graduate' Athletic Trainer
'Student/Graduate' Audiologist
'Student/Graduate' Bio-medical Technician
'Student/Graduate' Blood Bank Technologist
'Student/Graduate' Cardiology Technician
'Student/Graduate' Certified Laboratory Assistant
'Student/Graduate' Child Care Assistant
'Student/Graduate' Child Development and/or Family Services
'Student/Graduate' Clinical Laboratory Technologist
'Student/Graduate' Community Health Intern
'Student/Graduate' Cosmetologist
'Student/Graduate' Counselor
'Student/Graduate' Dance Therapist
'Student/Graduate' Dental Assistant
'Student/Graduate' Dental Hygienist
'Student/Graduate' Dental Laboratory Technician
'Student/Graduate' Diagnostic Medical Sonographer
'Student/Graduate' Dietitian
'Student/Graduate' Drug and Alcohol Counselor
'Student/Graduate' EEG Technician
'Student/Graduate' Enterostomal Therapist
'Student/Graduate' Geriatric Nursing Assistant
'Student/Graduate' Health Educators
'Student/Graduate' Hemodialysis Technician
'Student/Graduate' Histologic Technician
'Student/Graduate' Laboratory Aide
'Student/Graduate' Long Term Health Care Administration
'Student/Graduate' LPN/LVN
'Student/Graduate' Marriage and Family Counselors
'Student/Graduate' Massage Therapist
'Student/Graduate' Medical Assistant
'Student/Graduate' Medical Administrative Assistant
'Student/Graduate' Medical Laboratory Technician
'Student/Graduate' Medical Technologist
'Student/Graduate' Medical Technical Assistant
'Student/Graduate' Music Therapist
'Student/Graduate' Nuclear Medical Technologist
'Student/Graduate' Occupational Therapist
'Student/Graduate' Optometric Technician
'Student/Graduate' Optometrist
'Student/Graduate' Orthopedic Assistant
'Student/Graduate' Pastoral Counselors

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**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Student Blanket
Rating Rule Pages**

Class I Specialties (cont'd)

'Student/Graduate' Personnel and/or Guidance Counselors
'Student/Graduate' Pharmacist
'Student/Graduate' Phlebotomist
'Student/Graduate' Physical Therapist
'Student/Graduate' Physical Therapist Assistant
'Student/Graduate' Psychiatric Nurse
'Student/Graduate' Psychiatric Technologist
'Student/Graduate' Psychologists
'Student/Graduate' Radiologic Technologist
'Student/Graduate' Recreational Therapist
'Student/Graduate' Registered Nurse
'Student/Graduate' Rehabilitation Assistant
'Student/Graduate' Respiratory Therapist
'Student/Graduate' Respiratory Therapy Technician
'Student/Graduate' Social Worker
'Student/Graduate' Speech-Language Pathologist
'Student/Graduate' Speech-Language Pathologist Assistant
'Student/Graduate' Surgical Technologist
'Student/Graduate' Ultrasound Technologist

Class II Specialties

'Student/Graduate' Circulation Technician
'Student/Graduate' Emergency Medical Technician
'Student/Graduate' Nurse Practitioner
'Student/Graduate' Paramedic
'Student/Graduate' Physician Assistant
'Student/Graduate' Surgeon Assistant

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CHICAGO INSURANCE COMPANY
Individual Students – Physical Therapist
Rating Rule Pages

1. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
2. The rates for the student specialty, of physical therapy are as follows:

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000/\$200,000	\$17.00
\$500,000/\$500,000	\$19.00
\$1,000,000/\$1,000,000	\$23.00
\$1,000,000/\$3,000,000	\$33.00
\$2,000,000/\$4,000,000	\$39.00

3. Biannual rates are 194 percent of the annual rates.
4. Triennial rates are 280 percent of the annual rates.

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CHICAGO INSURANCE COMPANY

Individual Students

Rating Rule Pages

1. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.
2. The rates for all the student specialties, eligible for this program, except: nursing, physical therapy and speech and hearing therapy, are as follows:

Class I Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000/\$200,000	\$17.00
\$500,000/\$500,000	\$19.00
\$1,000,000/\$1,000,000	\$23.00
\$1,000,000/\$3,000,000	\$35.00
\$2,000,000/\$4,000,000	\$41.00

The rates for the student specialties of nursing and physical therapy are as follows:

Class II Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000/\$200,000	\$17.00
\$500,000/\$500,000	\$19.00
\$1,000,000/\$1,000,000	\$23.00
\$1,000,000/\$3,000,000	\$33.00
\$2,000,000/\$4,000,000	\$39.00

The rates for the student specialty of speech and hearing therapy are as follows:

Class III Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000/\$200,000	\$17.00
\$500,000/\$500,000	\$19.00
\$1,000,000/\$1,000,000	\$23.00
\$1,000,000/\$3,000,000	\$30.00
\$2,000,000/\$4,000,000	\$35.00

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CHICAGO INSURANCE COMPANY

Individual Students

Rating Rule Pages

The rates for the student specialty of Physician Assistant and Surgeon's Assistant are as follows:

Class IV Rates

Class IV Students are not eligible for the multi-year certificate option.

Territory IV - Rest of the Country

<u>Limit</u>	<u>Annual Rate</u>
\$100,000/\$300,000	\$72.00
\$200,000/\$600,000	\$96.00
\$1,000,000/\$3,000,000	\$151.00

3. Biannual rates are 194 percent of the annual rates.
4. Triennial rates are 280 percent of the annual rates.

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CHICAGO INSURANCE COMPANY

Individual Students

Rating Rule Pages

Class I Specialties

'Student/Graduate' Art Therapist
'Student/Graduate' Athletic Trainer
'Student/Graduate' Bio-medical Technician
'Student/Graduate' Blood Bank Technologist
'Student/Graduate' Cardiology Technician
'Student/Graduate' Certified Laboratory Assistant
'Student/Graduate' Child Care Assistant
'Student/Graduate' Child Development and/or Family Services
'Student/Graduate' Clinical Laboratory Technologist
'Student/Graduate' Community Health Intern
'Student/Graduate' Cosmetologist
'Student/Graduate' Counselor
'Student/Graduate' Dance Therapist
'Student/Graduate' Dental Assistant
'Student/Graduate' Dental Hygienist
'Student/Graduate' Dental Laboratory Technician
'Student/Graduate' Diagnostic Medical Sonographer
'Student/Graduate' Dietitian
'Student/Graduate' Drug and Alcohol Counselor
'Student/Graduate' EEG Technician
'Student/Graduate' Enterostomal Therapist
'Student/Graduate' Geriatric Nursing Assistant
'Student/Graduate' Health Educators
'Student/Graduate' Hemodialysis Technician
'Student/Graduate' Histologic Technician
'Student/Graduate' Laboratory Aide
'Student/Graduate' Long Term Health Care Administration
'Student/Graduate' Marriage and Family Counselors
'Student/Graduate' Massage Therapist
'Student/Graduate' Medical Assistant
'Student/Graduate' Medical Administrative Assistant
'Student/Graduate' Medical Laboratory Technician
'Student/Graduate' Medical Technologist
'Student/Graduate' Medical Technical Assistant
'Student/Graduate' Music Therapist
'Student/Graduate' Nuclear Medical Technologist
'Student/Graduate' Occupational Therapist
'Student/Graduate' Optometric Technician
'Student/Graduate' Optometrist
'Student/Graduate' Orthopedic Assistant
'Student/Graduate' Pastoral Counselors

Class I Specialties (cont'd)

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CHICAGO INSURANCE COMPANY

Individual Students

Rating Rule Pages

'Student/Graduate' Personnel and/or Guidance Counselors
'Student/Graduate' Pharmacist
'Student/Graduate' Phlebotomist
'Student/Graduate' Psychiatric Technologist
'Student/Graduate' Radiologic Technologist
'Student/Graduate' Recreational Therapist
'Student/Graduate' Rehabilitation Assistant
'Student/Graduate' Respiratory Therapist
'Student/Graduate' Respiratory Therapy Technician
'Student/Graduate' Social Worker
'Student/Graduate' Surgical Technologist
'Student/Graduate' Ultrasound Technologist

Class II Specialties

'Student/Graduate' LPN/LVN
'Student/Graduate' Nurses Aide
'Student/Graduate' Nursing Assistant
'Student/Graduate' Physical Therapist
'Student/Graduate' Physical Therapist Assistant
'Student/Graduate' Psychiatric Nurse
'Student/Graduate' Registered Nurse

Class III Specialties

'Student/Graduate' Speech/Hearing Pathologist

Class IV Specialties

Physician Assistant
Surgeon's Assistant

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CHICAGO INSURANCE COMPANY
Individual Students - Nursing
Rating Rule Pages

1. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
2. The rates for the student specialty of nursing are as follows:

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000/\$200,000	\$17.00
\$500,000/\$500,000	\$19.00
\$1,000,000/\$1,000,000	\$23.00
\$1,000,000/\$3,000,000	\$33.00
\$2,000,000/\$4,000,000	\$39.00

3. Biannual rates are 194 percent of the annual rates.
4. Triennial rates are 280 percent of the annual rates.

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PHYSICISTS IN MEDICINE PROFESSIONAL LIABILITY RATING RULES

1. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

2. The step factors shown on the rate page shall be applied to the premium developed in #1 above for each year that a retrospective date is applied prior to the effective date of the current policy. For the purposes of applying this factor, round to the nearest year (i.e. if the retro date is 1 year and 8 months prior to the effective date of the subject policy, a step of 3 would be used.)

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. Any amount involving \$.49 or less shall be rounded down.
- b. Any amount involving \$.50 or more shall be rounded up.

4. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claims experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%

- a. Loss Control/Risk Management range -25% to 0%
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the ratable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

5. EXTENDED REPORTING PERIOD

The calculation for the extended Reporting Period option is listed below.

90% of the full annual premium for a 12 month reporting period
135% of the full annual premium for a 24 month reporting period
150% of the full annual premium for a 36 month reporting period
175% of the full annual premium for a 60 month reporting period
200% of the full annual premium for a 96 month reporting period
225% of the full annual premium for an unlimited reporting period

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS
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